RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
El Nino De Atocha #33 Inc
15355 Sw 171 St
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a monitoring state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969064	12/12/2016
NAME OF PROVIDER OR SUPPLIER **EL NINO DE ATOCHA #33 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15355 SW 171 ST** **MIAMI, FL 33187**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A wellness monitoring was conducted on 12/12/16. El Nino De Atocha #33, Inc, with Limited Mental Health Component, License# 12904 had the following deficiency found at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report.

Findings included:

On / at 9:00 AM the facility has an incident with resident #2 and resident #6, were the police and rescue were called to the facility. These two residents got in to a fight because according to the administrator, resident #2 is very intrusive and likes to be getting into other residents business and on this specific date, resident #2 went into the resident #6 and she did not like this and that was the reason of the fight.

On / / at 8:20 AM during the tour was observed resident #2 in # , with a black eye.

On / Administrator arrived at the facility at 9:25 AM. According to the administrator the incident happened around 9:00 AM on Sunday / / . He had not done the 24 hours incident report because he has not done one before and his consultant just faxed him the information on how to create a password and log in name to do it.

On / / 16 at 9:30 on an interview with resident #2 she stated that Resident #6 was very angry because "I went to her she did not like it, she got very angry and yelling in the facility, and I try to calm her down and she got very aggressive with me because I told her to be quiet and she told me that she did not care and she punch me in the face." The administrator called the police and the rescue, they checked at me and I did not have anything major really to take me to the hospital. Resident #2 requested that a picture of her eye was taken, however she did not want to have the picture taken and she did not want to sign the Resident consent form for Photographic evidence. The resident had some purple and blue discoloration under the left eye and it was a little , not other major injury was observed.

On / / at 10:00 AM during an interview with the administrator he stated that resident #6 was taken to the hospital because they could not control her, and that this resident has had this kind of behavior before. He was going to give her the 45 days' notice to the resident when she came back to the facility, because he did not want a problematic resident in the facility.

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	AL11969064	**12/12/2016**
NAME OF PROVIDER OR SUPPLIER **EL NINO DE ATOCHA #33 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15355 SW 171 ST** **MIAMI, FL 33187**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On 12/12/16 at 11:00 AM on an interview with the Administrator, he stated that he had not done the 24 hours incident report because he has not done one before and his consultant just faxed him the information on how to create a password and log in name to do it.

Class III