STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	01/03/2017
NAME OF PROVIDER OR SUPPLIER **WE CARE SENIOR ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8325 SW 37 STREET MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 3, 2017. We Care Senior Assisted Living Llc. (License # 7979) with Limited Mental Health component had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to have updated health assessment done by healthcare provider after a significant change for 2 out of 3 sampled residents (Resident # 1 and # 2).
Findings included:
Record review revealed that Resident #1 has been receiving hospice services since / . Review of the health assessment (1823) revealed that it was completed on and stated that the resident is bedbound and under hospice services; and required assistance with her activities of daily living and medication administration; also there was no height and weight.
On / at 10:40 am the facility's administrator stated that Resident #1 at the time of the survey required total assistance with her activities of daily living but she was able to assist with her medications by getting her hands guided. She also stated that the health assessment was done before the resident was discharged from the hospital and she required assistance with her activities of daily living at that time.
On / at 11:40 am observed Resident #1 eating puree for lunch; she was able to grab the spoon and the caregiver guided her hand to the mouth. The resident was not able to use the left hand due to rigidity but she was able to grab the spoon with the right hand.

Record review revealed that Resident #2 has been receiving hospice services since . Her last health assessment (1823) was completed on / and stated that the resident required assistance with all her activities of daily living.
On / observed Resident #2 eating puree on her own at lunch time at 11:50 am.

On / at 12:18 pm the facility's administrator stated that Resident #2 was able to feed herself but that she required total assistance with the rest of her activities of daily living.
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 2 out 3 sampled residents (Resident # 1 and # 2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	**01/03/2017**
NAME OF PROVIDER OR SUPPLIER **WE CARE SENIOR ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8325 SW 37 STREET** **MIAMI, FL 33155**	

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

Findings included:
Record review of Resident #1's file revealed that one of her daughters had signed her contract and there was no documentation of this daughter being her legal representative.
On / / at 11:05 am the administrator stated that the resident's other daughter is her Power of Attorney (POA), but she lives in Texas and that is why the daughter that lives in Miami signed the documents and that she will contact the resident's other daughter for her to sign a new contract and to send her the copy of the POA.
Record review of Resident #2's file revealed that her daughter had signed her contract and there was no documentation of her daughter being her legal representative.
On / at 11:11 am the facility's administrator stated that the resident's daughter is the POA and that she has been asking her a copy of the POA and every time she comes she forgets to bring it and that she had given a copy to the old facility owners.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
We Care Senior Assisted Living Llc
8325 Sw 37 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2017 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com