STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	**03/30/2017**
NAME OF PROVIDER OR SUPPLIER **LADY REGLA CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11935 SW 40 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Lady Regla Care Inc (AL 9320) with a Standard license had the following deficiency identified at the time of the survey:

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

Based on interview and record review, the facility failed to have a contract signed by the Power of Attorney in 1 out of 6 (Resident #2) facility residents.

Findings as follow:

On at 11:40 a.m. the Administrator stated the former wife of Resident #2 signed the resident's contract, and she , . The Administrator stated another family member had now the Power of Attorney over Resident #2, and that this person had not signed a new contract for the resident.

Resident's #2 Contract review showed the contract was signed by former wife who had the Power of Attorney of resident. Further review showed there was another power of attorney, with that person's name in the records for same resident, however a contract update was not found.

Class III