

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966158	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER ADIUVO V	STREET ADDRESS, CITY, STATE, ZIP CODE 13232 SW 85 STREET MIAMI, FL 33183	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on _____, 2017. Adiuvo V (license # 10395) with Limited Nursing Services had deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative _____ examination on an annual basis for the Registered Nurse contracted by the facility to provide Limited Nurse Services.

Findings included:

A review of the Registered Nurse's record revealed that the last _____ examination was read on _____ and was negative.

On _____ at 10:02 am, the Registered Nurse, by phone, stated, "I am still contracted by them but I have not been there in a long time. I will go there to bring the new license and everything they need."

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview the facility failed to maintain documentation of the qualifications of nurses providing limited nursing services (LNS) in the facility's personnel files.

Findings included:

Record review of the Registered Nurse contracted by the facility to provide LNS revealed that his license expired on _____.

On _____ at 10:02 am, the Registered Nurse, by phone, stated, "I am still contracted by them but I have not been there in a long time. I will go there to bring the new license and everything they need."

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966158	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER ADIUVO V	STREET ADDRESS, CITY, STATE, ZIP CODE 13232 SW 85 STREET MIAMI, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on record review and interview the facility failed to ensure that a person who had the last screening conducted between, 2009, through, 2011, was re-screened by, 2015 for the Registered Nurse providing limited nursing services (LNS). Findings included: Record review of the Registered Nurse contracted by the facility to provide LNS revealed that the last Level II Background Screening was completed on and has an Eligible status. Review of the background site in the computer revealed that last Level II Background Screening was completed on and has an Eligible status and that a new screening was required. On at 10:02 am, the Registered Nurse, by phone, stated, "I am still contracted by them but I have not been there in a long time. I will go there to bring everything they need." Unclassified		