

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966993	(X3) DATE SURVEY COMPLETED 05/11/2017
NAME OF PROVIDER OR SUPPLIER BELLA SISTERS SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 16671 SW 52 LANE MIAMI, FL 33165	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , Bella Sisters Senior Care Inc. with a Standard License# 11096 had the following deficiencies found at the time of the survey:

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

Based on record review and interview, the facility failed to ensure one out of five sampled residents (#2) had Power of Attorney (POA), Surrogate or Guardianship documentation in their charts.

Findings included:

Record review found Resident #2, admitted on , had his son sign the contract and other admission documents. There was no documentation of a POA/Surrogate or Guardianship notarized properly. No Power of attorney was found in the resident's record.

On at 10:40 AM, the Administrator stated that the documents were in her house and that it is just a matter of signing them in front of the Notary and that she will have them done.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that one of four sampled staff was registered and/or removed on the facility's roster in the Background Screening Clearinghouse Database (Staff D).

Finding included:

A review of the Background Screening Clearinghouse Database showed Staff D, hired on , was not listed on the facility's Roster.

On at 12:00 PM, the Administrator stated that Staff D started at the end of the prior month, and she tried to enter database to add this caregiver, but she could not do it and she had informed the Consultant to see if she could do it.

Unclassified