STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	**05/31/2017**
NAME OF PROVIDER OR SUPPLIER **NORITA ADULT FAMILY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11971 SW 118 STREET** **MIAMI, FL 33186**	

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. Norita Adult Family Care, Inc. (license # 8591) with Limited Nursing Services and Limited Mental Health components had a deficiency 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 a face-to-face medical examination after a significant change for 2 out 2 sampled residents (Residents # 1 and # 2).

Findings included:

Record review of Resident #1's file revealed the resident was admitted to hospice on . The health assessment also revealed it was dated but it was not completed.

On at 11:25 am the administrator stated that the family was the one that took the resident to see the doctor and the doctor did not complete it. The administrator also stated that the patient son is going to place the resident in the nursing home with his wife for them to be together.

Record review of Resident #2's file revealed the resident is receiving hospice services since . The last health assessment was completed on , at the time the resident was not under hospice services and was receiving care on the sacrum. The assessment was also incomplete.

The administrator stated on at 11:50 am the resident is able to ambulate with assistance but requires total assistance with the rest of her activities of daily living. The administrator also stated that a nurse from hospice comes every day in the morning to give her the medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	**05/31/2017**
NAME OF PROVIDER OR SUPPLIER **NORITA ADULT FAMILY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11971 SW 118 STREET** **MIAMI, FL 33186**	

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Class III