STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969056	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE WEST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2045 NW 26 ST** **MIAMI, FL 33142**	

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. Calvinelle West ALF Inc. (License # 12908) with Limited Nursing Services and Limited Mental Health had a deficiency identified at the time of the survey:

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

Based on record review and interview the facility failed to provide documentation of a doctor's order for home health care for 1 of 2 sampled residents (Resident # 2).

Findings included:

A review of Resident # 2 record revealed that the resident was receiving home health services for administration on injection; also revealed that there was no prescription for home health available for review.

Staff C stated on at 10:01 AM that the prescription should be in the resident's home health folder but it was not. Staff C stated that she would call the home health nurse.

Class III