STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965741	12/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUELITAS HOME INC	**15257 SW 61ST STREET MIAMI, FL 33193**

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

0000 - Initial Comments

A standard Biennial survey was conducted on . Abuelitas Home Inc. with a standard license (AL 10139) had the following deficiencies identified at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview the facility failed to ensure that 1 out of 6 sampled residents met the admission criteria (Resident #3).

Findings:

A review of the Admission and Discharge record showed Resident #3 was admitted on .

A review of Resident #3's record revealed that a Health Assessment (AHCA form 1823) completed on stated resident had a diagnoses of 's , , . The assessment indicated that the resident needed total assistance with ambulation, bathing, dressing, , and toileting. The resident had , mobility and was non verbal. The resident was under , precautions and was receiving Hospice care.

On at 12:30 p.m. the Administrator confirmed that the resident was not ambulatory when he was admitted on . She said decided to admit Resident #3 because his daughter told her that he could transfer with assistance. The Administrator stated she would give the resident's daughter a 45 day notice to move him out.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a complete health assessment for 1 out of 6 sampled residents (Resident #3) .

Findings:

A review of the health assessment for Resident #3 dated showed that it did not specify the type of assistance the resident needed with medications.

On at 12:30 p.m. the Administrator stated that the resident received assistance to take medications and she acknowledged that this section of the health assessment was not completed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III