STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	R **02/01/2018**
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 standard biennial revisit survey was conducted on , , 2018. Norita Adult Family Care, Inc. with Limited Nursing Services and Limited Mental Health components, license #8591, had the following uncorrected deficiency identified at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the Assisted Living Facility failed to submit the incident report within one business day after the incident and within 15 days of the incident to AHCA when resident condition required them to be transported to a unit providing more acute care due a for one (#2) out of five sampled residents.

Findings included:

Review of facility's record revealed that facility did not complete the incident report within one business day after the incident and within 15 days of the incident to AHCA when resident condition required them to be transported to a unit providing more acute care due a for one (#2) out of five sampled residents.

In an interview on at 11:55 AM the Administrator revealed that the system has not allowed the facility to complete the adverse incident reports.

Class III
Uncorrected