STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Resident Wellness Monitoring Survey was conducted on , 2018. El Renacer de Ana Inc. (License # 12236) with Limited Mental Health component had a deficiency identified at the time of the survey:
An unannounced monitoring visit, related to CCR 2017013784, was conducted at El Renacer De Ana Assisted Living Facility (license 12236), Miami, Florida, from to . Deficient practice was found at the time of the monitoring visit.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review and interview the facility failed to have a licensed staff available to administer the medications for 4 out of 4 sampled residents that required medication administration (Resident # 1, # 2, # 3 and # 4).

Findings included:

On during a tour of the facility between 3:05 PM and 3:30 PM, observed that Residents # 1, # 2, # 3 and # 4 were bedbound and unable to assist with activities of daily living. They required total assistance to turn in bed to be assessed.

Record review revealed that Residents # 1, # 2, # 3 and # 4 were under hospice services.

On at 3:20 PM Staff B stated that Residents # 1, # 2, # 3 and # 4 required medication administration and that the caregivers give the medication to the 4 residents in their mouth because they did not know that they could not do it.

On the Administrator arrived at 3:35 PM; he stated, "To be honest with you the caregivers are the one giving the medications to Residents # 1, # 2, # 3 and # 4 because that hospice does not provide the service of giving the medication to the residents. I have not changed the hospice because the aide that comes to give them a bath is irreplaceable. I will talk to the families for them to find a hospice that can administer the medications."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation and record review the facility placed residents at-risk by operating over capacity.
Finding including;
On [redacted] at 5:50 PM, in an observation by AHCA staff, the facility had eight residents.
On [redacted], at 5:50 PM, in an interview with Staff D, staff stated the extra residents; Residents #8 and #9 were day care residents.
On [redacted], in an attempted record review, the facility could not provide resident records for Residents #8 or #9 to support them being day care residents.
On [redacted], at 12:20 PM, in an interview with Resident #9, Resident #9 stated he had slept at the facility in the past.
On [redacted], in a second attempt at a record review, the facility could not provide resident records for Residents #8 or #9 to support them being day care residents.
unclassified