STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967711	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12211 SW 268 STREET** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on [redacted] and concluded on [redacted]. Diaz Home Care ALF II, Inc, license number 11715, had the following deficiency found at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interviews, the facility failed to treat one of six sampled residents with dignity and respect (Resident #3). Qualified, linguistically competent staff were not available to communicate with the resident for 1 out of 6 sampled residents.

Findings included:

On [redacted] during 8:45 AM- 2:06 PM observed both Staff A and B were communicating with the residents in Spanish.

On [redacted] at 10:38 AM Resident #3 stated " The language is a big problem, because everybody here speaks Spanish. I am unable to communicate with the staff, or the other people that live here."

On [redacted] at 1:11 PM Staff B stated (in Spanish) "I do not speak English, Resident #3 usually responds when I say something to her. I am able to say a couple words in English, but I do not speak English at all."

Class III