STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	R **05/30/2018**
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 Revisit was conducted on May 07, 2018. El Renacer de Ana Inc. (License # 12236) with Limited Mental Health component had deficiencies identified under the biennial survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed to offer adequate personal supervision to meet the needs of six out of six sampled residents (# 1 through # 6).

Findings included:

On at 7:45 PM observed Staff F, who was alone with six residents.

Record review revealed that Residents one through five were under hospice services and four of them were completely bed bound (# 1, # 2, # 4 and # 5) and required total assistance with their activities of daily living.

On at 7:55 PM Staff F stated that only Resident # 6 was able to walk and Resident # 3 was able to walk a little and slow and that she was worried that if there was an emergency she would not be able to evacuate them on her own.

Class III