STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	**05/07/2018**
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 Standard Biennial Survey was conducted on , , 2018. El Renacer de Ana Inc. (License # 12236) with Limited Mental Health component had deficiencies identified at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings included:

On at 8:40 AM observed a yellow stain in the dining .

On at 10:00 AM Staff B stated "It happened now that it was raining because it was not there before."

On during the exit conference by phone at 3:25 PM the Administrator stated that someone was coming to check the roof and repair it and that the stain happened during the last few days when it rained.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review, observation and interview the facility failed to have an accurate health assessment in the resident record for two out of 6 sampled residents (#3 and #4).

Findings included:

Review of Resident # 3's record revealed that the last health assessment was completed on and stated he is receiving , services The health assessment stated that the resident required assistance with eating and total assistance with the rest of the activities of daily living.

On at 11:45 AM observed Resident # 3 walking with a walker to the dining feeding himself during lunch.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	**05/07/2018**
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)

On Staff C stated at 11:50 AM that Resident # 3 was able to walk a few steps and to assist with transfer.

Review of Resident # 4's record revealed that the last health assessment was completed on and stated that she did not have ; also stated no added salt diet. Revealed there was a prescription for puree diet written by her doctor on ;

On at 9:15 AM a Licensed Practical Nurse from hospice arrived to the facility, she stated that she would do the care for Resident # 4 who had a , on her left heel; she stated that for the last 2 weeks the was looking better. Stated that she had a on the sacrum that is healing as evidenced by granulating tissue.

On at 12:10 PM observed Resident # 4 being fed puree.

On at 1:10 PM Staff B stated that she would tell the Administrator that the health assessment for Residents # 3 and # 4 needed to be fixed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	**05/07/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure that one out of 6 sampled staff who had a break-in-service of more than 90 days had a new eligible level II background screening before starting to work (Staff C).

Findings included:

Review of the personnel record of Staff C revealed that she was hired on . . . . . Review of the application that her work history was at a group home from . . . . . to . . . . . . Further review showed that the most recene eligible leel II background screening result was dated . . . . . .

On . . . . . at 11:00 AM Staff C stated, "After the group home I did not work at any other place because I was sick."

Unclassified