STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	R 06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NUEVO RENACER ALF	**540 NORTH PERVIZ AVENUE** **OPA LOCKA, FL 33054**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 25, 2018 and concluded on 27, 2018. Nuevo Renacer ALF, Corp (lic# 10831) with Limited Mental Health component had a deficiency identified at time of the survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility failed to have hospice records available for review for one of two sampled residents (#2).

Findings included:

On at 10:10 am revealed the hospice nurse stated, "Both residents (#1 and #2) are under hospice care." In addition, the hospice nurse stated, "Resident #2 started hospice Friday ( ), but I do not have the file completed."

Interview on at 10:20 am Staff C and D stated, "Resident #2 recently started services with hospice because she recently started to decline, and Resident #2 is not following commands as she used to do it."

Record review revealed that Resident #2's hospice care plan From - with a primary diagnosis of was not signed by the doctor.

Class III