STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0056-Medication - Labeling And Orders-08/27/2013

Revisit Repeat Tags:
0160-Records - Facility-58a-5.024(1) Fac
N277-Lns - Resident Care Standards-58a-5.031(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring follow up survey was conducted on 08/27/2013. Greenview still had deficiencies at the time of the survey.

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview Assisted Living Facility failed to maintain in facility's record emergency management plan approval.

Findings include:

1. Record review on revealed that last emergency management plan approval was .

2. Interview with staff _A on at 9:55 a.m. revealed that administrator was on vacation and the last emergency management plan approval was the one in facility's record.

Class III
This is an uncorrected deficiency.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview facility failed to maintain documentation of the qualifications of nurse providing limited nursing services in the facility's personnel files.

Findings include:

1-Record review of Limited Nursing Services revealed that all the documentation for contracted Registered Nurse was already expired.

2-Interview with staff_A on at 10:10 a.m. revealed that administrator was on vacation and that documentation for registered nurse in contract was the one already review.

Class III
This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Greenview
1701 Sw 87 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) Monitoring revisit survey conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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