

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 07/01/2014
NAME OF PROVIDER OR SUPPLIER Sara's House, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 Ne 46th Street Oakland Park, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on . . . at Sara's House Inc. The facility had a deficiency found at the time of the visit.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on record review and interview, the facility failed to provide contracted services from a licensed nurse to extend resident extended congregate care (ECC)nursing services.

The findings are:

Review of the facility's ECC nurse's record indicated that the facility did not enter into a contract with this nurse to provide resident ECC nursing services, including the development of service plans and nursing assessments. Review of a two-page document titled "nurse job description", which did not have any terms or stipulations, contained a signature of the nurse without any other individual signature.

In an interview with the Administrator on . . . at 2:00pm, she stated that the facility's ECC nurse was supposed to be contractually retained, but she does not have a valid contract to represent this. She stated that the ECC nurse's acceptance of the "nurse job description" document does not represent a contractual to perform ECC nursing services for the facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sara's House, Inc
1567 NE 46th Street
Oakland Park, FL 33334

RE: Extended Congregate Care (ECC) Monitoring Visit

Dear Administrator:

This letter reports the findings of a Extended Congregate Care Monitoring visit that was conducted on . 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

[Signature]
Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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