STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966783	08/29/2016
NAME OF PROVIDER OR SUPPLIER **EDAD DE ORO SENIOR CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17891 SW 152 COURT MIAMI, FL 33187**	

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

0000 Initial Comments

A standard biennial survey was conducted on , 2016. Edad De Oro Senior Care Inc. with limited nursing services and limited mental health components and license number 10928 had the following deficiencies identified at the time of the survey:

0025 Resident Care - Supervision

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written record that showed services provided to meet residents' needs for one (Resident #1) out of six sampled residents.

Findings included:

Observation on at 9 AM revealed that Caregivers A and B were taking care of six residents.

Observation on at 9:46 AM revealed that Caregivers A and B were taking care of six residents and one day care participant.

Observation on at 10 AM revealed that Resident #1 had , in the right elbow with of surrounding tissues, in the sacrum.

Review of hospice interdisciplinary plan of care revealed that caregivers were instructed to be repositioned two hours to avoid new .

In an interviewed on at 10:09 AM Caregiver A revealed that facility ' s caregivers repositioned Resident #1 every two to three hours but there was no documentation.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the Assisted Living Facility failed to ensure that one (Resident #1) out of six sampled residents was treated with respect and dignity.

Findings included:

Observation on at 10 AM revealed that Resident #1 rested in bed in #, with uncovered

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body parts (legs, arms and) showing. There was a window facing the street that did not have curtain, allowing people from outside to see the resident.
In an interview on at 10:02 AM Caregiver A revealed that Resident #1's was open for providing light.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Edad De Oro Senior Care Inc
17891 Sw 152 Court
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2016 by representative(s) 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 days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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