STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966984	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bel-View Alf Corp	19768 Bel-Aire Drive Cutler Bay, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard State Re-licensure Survey was conducted on . Bel- View ALF Corp, had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain an up to date Health assessment for 2 out of 2 sampled residents (#3 and #4).

Findings include:

1. Record review for resident #3 (admitted)'s Health Assessment (completed) did not include a list of current medications prescribed to the resident.

2. Record review for resident #4 (admitted on) revealed the resident was admitted to Hospice on due to . Health Assessment review revealed that the last assessment for the resident was completed on . The health assessment on file did not include resident ' s current diagnosis of . Assessment did not state that residents were under HOSPICE Care. Furthermore assessment stated that resident needed assistance with the following activates of daily living: ambulation, bathing, dressing, toilet and transfer. Assessment stated that resident needed supervision with and was independent with eating.

Resident was observed being bed bound on at 8:10 a.m., and unable to assist with Activates of Daily Living.
Furthermore the Health Assessment on file did not include a list of current medications prescribed to the resident.

Administrator acknowledged the findings on at 2:00 pm

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview facility failed to obtain current written records of significant change that lead to the provision of additional services (HOSPICE) for 1 out of 6 sampled residents (#4).

Findings include:

Record review for resident #4 revealed that resident was admitted to the facility on . Further review revealed that resident was admitted to Hospice on due to of . Record review for resident #4 revealed no documentation of resident Hospitalization and change in condition that lead to the admission to Hospice. Furthermore there was no documentation of file of resident ' s recent diagnosis, assessment and referral by diagnostic physician.

Administrator acknowledged the findings on at 2:00 pm

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview facility failed to have a menu posted in an area visible to all residents and in a language that residents can understand and to allow residents to participate in menu planning.

Findings include:

Observation on at 8:05 a.m. revealed that there was a sign next to the kitchen area. The sign stated: employees only. Further observation revealed that the facility's menu was posted in the facility's refrigerator. In an area that residents had no access too. Furthermore menu posted was in Spanish language. Resident #1, #2, #5, #6 was English speaking residents.
Observation on at 10:30 a.m. Revealed that resident #2 asked the administrator to translate and to ask the staff present what was to be served for lunch that day.
Since residents #1, #2, #5, and #6 were not Spanish speaking they are unable to to read menu provided and actively participate in menu planning.

Administrator acknowledged the findings on at 2:00 pm

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview 2 out of 5 facility ' s staff (#1 and #2) failed to obtain 3 hours continuing education in topics related to mental health diagnosis.

Findings include:

1. Record review for staff #1 revealed that she was hired on - . Further review revealed that staff obtained the initial 6 hours Mental Health training on . Staff lacked the 3 hours continuing education in topics

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related to Mental Health.
2. Record review for staff #2 revealed that she was hired on - . Further review revealed that staff obtained the initial 6 hours Mental Health training on . Staff lacked the 3 hours continuing education in topics related to Mental Health.

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bel-View Alf Corp
19768 Bel-Aire Drive
Cutler Bay, FL 33157

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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.

Staff from this office will conduct a review after 9/27/2013 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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