STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	2120 Nw 18 Terrace Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D

Specific Tag Findings:

0000-Initial Comments

A monitoring survey was conducted on . Almar Alf Inc Inc had deficiencies found at the time of the survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview Assisted Living Facility failed to have a high school diploma or general equivalency diploma in administrator's personnel record as well as to appoint in writing a "manager".

Findings include:

1. Record review revealed that in administrator's personnel record there was no proof of high school diploma or general equivalency diploma. Record review revealed that administrator supervises three assisted living facilities and has not appoint in writing a manager.

2. Interview with owner by phone on at 11:39 a.m. revealed that administrator's proof of high school diploma was not in the facility and that administrator has not appointed any manager.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview Assisted Living Facility failed to have proof of completing core training and passing core test in administrator's personnel record.

Findings include:

1. Record review revealed that in administrator's personnel record there was not proof of completing core training or neither passing core test.

2. Interview with owner by phone on at 11:39 a.m. revealed that there was not not proof of completing core training or neither passing core test in administrator's personnel record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**08/01/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	**2120 Nw 18 Terrace Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview Assisted Living Facility failed to have proof that administrator received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Findings include:

1. Record review revealed that administrator date of hired and did not have elopement training.

2. Interview with owner by phone on at 11:39 a.m. revealed that administrator's elopement training was not administrator's personnel record.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview Assisted Living Facility failed to have proof that administrator complete a one-time education course on and .

Findings include:

1. Record review revealed that administrator date of hired and did not have / training on her personnel record.

2. Interview with owner by phone on at 11:39 a.m. revealed that administrator's / was not administrator's personnel record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a state monitoring survey (To check on Active Administaror) 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 10/9/2013 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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