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 - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

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

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview Assisted Living Facility failed to maintain in the employee's personnel file the results of employee background screening conducted by the agency.

Findings include:

1. Record review revealed that the results of registered nurse on contract background screening were dated .

2. Interview with Agency for Health Care Administration (AHCA) background unit on at 10:38 a.m. revealed that the last background screening result were on .

Interview with owner by phone on at 11:39 a.m. revealed that the background result that facility had was the one in record.

Class III

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

Based on record review and interview Assisted Living 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 revealed that registered nurse in contract professional license expired on .

2. Interview with owner by phone on at 11:39 a.m. revealed that the documentation about registered nurse in contract was in his employee's personnel file. Copy of nurse professional license was in record, he did not know it was expired due to facility is not using limited nursing services.

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 Limited Nursing Services (LNS) Monitoring 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 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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