STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	12/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalom Alf	441 Nw 33 Ave Miami, FL 33125	
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 - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Shalom Alf. had deficiencies at the time of the survey.

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

Based on record review and interview assisted living facility failed to have a health assessment within 30 calendar days of the admission date for 2 out of 6 sampled residents (#4, and #5).

Findings include:

Record review for resident #4's file on revealed that resident #4 (admission date) did not have a health assessment (AHCA form 1823) completed. Record review for resident #5's file on revealed that resident #5 (admission date) and did not have a health assessment (AHCA form 1823) completed.

In an interview with administrator on at 9:50 a.m. revealed that residents #4 and #5 were new admission to the facility. She confirmed that residents have lived in the facility for more than 30 days and resident #4 and #5 did not have in their record a health assessment (AHCA form 1823).

Class III

0009-Admissions - Admission Package 58A-5.0181(3) FAC

Based on record review and interview the Assisted Living Facility failed to have a copy of the resident's contract which meets the requirements of Rule 58A-5.025, F.A.C. for 2 out of 6 sampled residents (#4 and #6).

Findings include:

Record review on for resident #4's file revealed that resident #4's contract was not dated either signed. Record review on for resident #6's file revealed that resident #6's did not have a contract.

In an interview with administrator on at 9:50 a.m. revealed that residents #4 and #6 were new admission to the facility and she has not provide resident with contract.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	12/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalom Alf	441 Nw 33 Ave Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed to obtain a written doctor order for the use of half-bed rail prior to use for 2 out of 6 sampled residents (#1 and #2).

Findings include:

Observation on at 8:15 a.m. on # resident #2 was resting on her bed. Observation on at 8:20 a.m. revealed that resident #1 was resting on bed on # with half-bed rail up.

Record review for resident #1's file revealed that there was not written doctor order for the use of half-bed rail. Record review for resident #2's file revealed that there was not written doctor order for the use of half-bed rail.

In an interview with administrator on at 8:40 a.m., administrator confirmed that there was no written doctor order in residents #1 and #2' files for the use of half-bed rail.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observations, record review, and interview the Assisted Living Facility failed to ensure that 3 out of 6 (#2, #3 and #6) sampled residents were recorded on the facility's admission log.

Findings include:

Observation on at 8:15 a.m. on #_ revealed that residents #2 and # 6 were resting on their beds. Observation on at 8:25 a.m. revealed that resident #3 was on the living for breakfast.

Record review on found that resident that resident #2, #3 and #6 were not listed on the facility's admission and discharge log.

In an interview with administrator on at 8:55 a.m., administrator stated that she forgot to make an update on the admission and discharge log and include the admission dates for residents #2, #3 and #6.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview Assisted Living Facility failed to have documentation of compliance with level 2 background screening for the registered nurse.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	**12/17/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalom Alf	**441 Nw 33 Ave** **Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of registered nurse's personnel file on revealed that facility did not have documentation of compliance of registered nurse with level 2 background screening. Backaround screening result in AHCA background unit website indicated that registered nurse was eligible since

Interview with administrator on at 8:55 a.m. revealed that facility failed to obtain documentation of compliance of registered nurse with level 2 background screening.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Shalom Alf
441 Nw 33 Ave
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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121