

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968205	(X3) DATE SURVEY COMPLETED 01/13/2014
NAME OF PROVIDER OR SUPPLIER Almar Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced Standard Biennial Survey was made on _____, 2014. Almar ALF Inc had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to perform 2 elopement drills per year.

Findings as follow:

Record review documented the facility last elopement drill documentation available for review was dated _____.

On _____ at about 12:00 noon the facility administrator (staff #1) stated the facility failed to perform 2 elopement drills per year and also stated the last elopement drill was performed on _____.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a medical examination for 1 of 4 (#1) sample residents.

Findings as follow:

Record review documented the facility failed to have a health assessment available for review for resident #1 admitted to facility on _____.

On 01/_____ at about 12:20 p.m. the facility administrator (staff #1) stated the facility failed to perform a health assessment for resident #1.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968205	(X3) DATE SURVEY COMPLETED 01/13/2014
NAME OF PROVIDER OR SUPPLIER Almar Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 Nw 18 Terrace Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to have proof of the evaluation for 2 of 4 (#1 and #3) sample residents', within 30 days of admission to the facility, documenting they were mental health residents and also failed to have an annual community support plan and a _____ agreement for those 2 residents (#1 and #3). The facility also failed to have an annual _____ agreement, annual community support plan and a mental health assessment for 1 of 4 (#2) sample residents.

Findings as follow:

Record review documented the facility failed to have documentation of a mental health assessment, annual community support plan and a _____ agreement for resident #1 admitted on _____ and resident #3 admitted on _____. Record review documented the last annual community support plan, _____ agreement and mental health assessment for resident #2 was dated _____.

On _____ at about 12:20 p.m. the facility administrator acknowledge the findings.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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) 591-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

