STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964360	01/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bethshalom Alf Corporation	7891 Nw 171 Street Miami, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted at Bethshalom Home Care on , 2014. The following deficiencies were found at time of survey.

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

Based on record review and interview facility failed to provide proof that administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings include:

Personnel record review of administrator revealed that she passed the CORE test on . There was not a copy of her certificate to prove that she took 12 hours of continuing education in topics related to assisted living every 2 years in her personnel record.

At 11:20 am on interview administrator stated: "I did the 12 hours, I must have misplace the certificate, I will find it."

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview facility failed to provide proof of the certificate of the initial training and the 2 hours of continuing education update annually in Assistance with Self-Administration of Medication and Medication Management for 1 out of 2 sampled employees (#B)

Findings include:

Personnel record review of staff # B (date of hire) revealed that there was not a certificate to proof that she took the initial 4 hours training for Assistance with Self Administration of Medication and Medication Management. There was not a certificate to prove that she took 2 hours of Assistance with Self-Administration of Medication and Medication Management update that is required annually.

At 11:45 staff # B stated on interview: "I took the initial training about 10 years ago and I did not know that I am supposed to keep the certificate for so long. The update I will do it. My daughter usually gives the medications, but I also do.

Class III

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

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 o 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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bethshalom Alf Corporation
7891 Nw 171 Street
Miami, FL 33015

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) 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