STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966238	02/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Juan Pablo Ii Alf, Corp.	15680 Sw 139 Avenue Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced change of ownership (CHOW) survey was conducted on . Juan Pablo II Alf, Corp. facility had deficiencies at the time of the survey.

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

Based on record review and interview the Assisted Living Facility failed to have a completed record for 1 out of 6 (#6) sampled residents as well as to have a signed informed consent for unlicensed staff members to assist residents with medication for 2 out of 6 (#3 and #6) sampled residents.

Findings include:

Record review revealed the facility did not have a signed informed consent for unlicensed staff members to assist residents with medications for residents #3 and #6.

Further review of resident #6(admitted on)'s file revealed the facility did not have the resident's weight recorded, designation of beneficiary, progress notes, a signed , a signed advance directive policy neither a resident contract. There was a adult day care program contract dated and signed on .

In an interview with resident #6 on at 8:05 a.m. revealed that he was a resident in the facility, he sleeps every day in the facility and staffs assisted him with medicines, hygiene, dressing, ambulating and transferring.

In an interview with administrator on at approximately 2 p.m. confirmed that the facility did not have signed the informed consent for unlicensed staff members to assist residents with medication for residents #3 and #6 and resident #6's file was missing some documentation.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Juan Pablo Ii Alf, Corp.
15680 Sw 139 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) 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,

Kristal Branton-ge

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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