

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968214	(X3) DATE SURVEY COMPLETED 02/27/2014
NAME OF PROVIDER OR SUPPLIER Clary's Alf Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 1715 Sw 17 Avenue Miami, FL 33145	
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 - 0084 - 58a-5.019(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Clary's Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on observations, record review, and interview the facility failed to have a copy of 1 out of 4 (Staff C) sampled staff member's level 2 background screening at the facility.

The findings include:

Record review found that the facility did not have completed copies of level 2 background screenings for Staff C.

Interview conducted with the facility administrator on . at 2:00 p.m. confirmed that the facility did not have a copy of the background screening for Staff C.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.019(5) FAC

Based on record review and interview the facility failed to provide initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 4 staff (Staff C).

The findings include:

Record review for Staff C, caregiver had no documentation that she completed the initial 4 hour medication training.

On . at about 12:35 PM Staff C stated that she assists the residents with self-administered medications.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clary's Alf Corp
1715 Sw 17 Avenue
Miami, FL 33145

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 4/24/2014 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

