STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	**04/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A-1 Assisted Living Facility Llc	**9410 Sw 52 Terrace Miami, FL 33165**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have a document showing a change of administrator on file with the Agency.

Findings includes:

1. Record review revealed that Staff member A. was the new administrator of the facility, her start date was on . . . . Her Core training certificate was dated . . . . The FloridaHealthFinder.gov documented staff member (G) was the administrator of record. Staff member (G) did not have a passing score on the Core exam and currently documented as a caretaker.

During interview with staff (G) on . . . at 1:00pm, he confirmed the findings in regards to the change in administrator and did not provide documentation for notifying the Agency for Health Care Administration of the change in administrators.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	04/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A-1 Assisted Living Facility Llc	9410 Sw 52 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on at A-1 Assisted Living Facility LLC. There were deficiencies found at the time of the visit.

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

Based on record review, observation and interview, the facility failed to reassess 1 of 7 sampled resident's medical condition based on her current health assessment (Resident #2)

Findings includes:

1. Record review for resident #2 documented she had been in Hospice care to . The residents diagnoses included High and In the special precautions section of the 1823, it documented she was in Hospice care. In section A: ADL's-Ambulation was marked A=needs assistance/ Bathing =needs assistance/Dressing=needs assistance/Eating=needs assistance/ Self Care g)=needs assistance/Toileting=needs assistance/ Tranferring=blank. In section B: Special Diet instructions-all the sections were left blank. In section C: items #1, 2, 3, 4, 5 all were marked, No. On page 4, the examination section was last dated

There was no physician reassessment of the residents health condition after the residents hospice care ended on

Observation on at 8:00 am and throughout the entire survey resident #2 was walking around the facility from going outside, going to the in and out of her . The resident did not seem to be in any distress and was taking care of her needs.

The administrator (staff G) was interviewed on at 1:00pm, he confirmed the findings and could not explain the reason the residents health assessment was not changed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A-1 Assisted Living Facility Llc
9410 SW 52 Terrace
Miami, FL 33165

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 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

amd
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