STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf Family Palace Corp	7521 West 30th Lane Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership survey was conducted on 014. ALF Family Palace, Corp had the following deficiencies identified at time of survey.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to assess residents at risk for elopement, have a photo identification with a signed consent form for at risk residents and follow their elopement policies and procedures for 1 out of 6 (#2) sampled residents.

Findings include:

Record review revealed the facility failed to assess and document whether or not residents #2 was at risk for elopement at admission. The facility also failed to reassess the resident after he eloped from the facility on

Record review on found that residents #2 did not have photo identification for residents #2 who had eloped as well as develop separate plan of action which is individually tailored to the resident's needs to avoid future reoccurrences of an incident from the facility. Further review found that residents #2's photo identifications consent form had been signed for the photo but there was no photo identification available for review. There were notes in resident file indicating incident the resident's elopement. Record review on found that there was no 1 day incident report sent to the agency as well as no incident report for residents #2 who eloped on The facility did not follow their documented elopement policy.

Interview with the administrator on at 3:00 p.m. confirmed that on that residents #2 did not have photo identifications in there records and did not follow the elopement policies and procedures.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to provide a preliminary report to the agency , within 1 business day after the occurrence of the adverse incident for 1 out of 6 (#2)sampled residents.

Findings Include:

Record review on revealed there was no 1-Day adverse incident report done regarding this resident# 2's elopement on Record review of the incident report on contained no documentation of a 1 day

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report being filed with the agency. Further review revealed resident #2 additional information documenting the elopement on . The resident was reported missing to police on .

Interview with the administrator on at 3:00 p.m. confirmed the facility did not file the necessary adverse incident report regarding resident 2 elopement and subsequent law enforcement investigation. .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on 31, 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 6/4/2014 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

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