STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967828	**04/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Greenview Ii Alf, Inc	**2650 Nw 15th Avenue Miami, FL 33142**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure Survey was completed on . New Greenview II ALF had the following deficiencies at time of survey.

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

Based on record review and interview, the facility failed to ensure 1 out of 10 sampled residents have a completed AHCA Form 1823 (health assessment).

Findings includes:

1. Record review revealed that sampled resident #6 (admitted) health assessments indicate the extent of the resident ability to perform activities of daily living, special diet instructions, the extent of the resident ability to perform self-care tasks as well as the date the examination took place.

In addition, services offered or arranged by the facility for the resident numbers 1 thru 15 were left blank all of the areas were left blank.

2. Interview with caretaker on at 2:30 PM , confirmed that the health assessments were incomplete at the time of the survey.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview facility failed to have any ungoing activities program.

Findings includes:

Observation of the residents the entire survey revealed the staff did not attempt to engage the residents in any type of activities. The residents were observed sitting around in the main house either watching tv or outside of the facility smoking cigarettes.

Interview with one resident, the resident he did not want to continue to do the same old thing.

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Further interview with another resident stated he did not want to play those kiddie games.

Another resident stated the activities seem to be for children.

Interview with caretaker on at 3:00 pm, he confirmed the findings in regards to the residents were not active in any type of activities at the time of the survey.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to have a safe and clean environment for the safety of the residents who live at the facility.

Findings includes:

Observation of the facility grounds during the tour revealed the following physical plan concerns:

The first house: The driveway fence gates were bent (photographic evidence taken), there is a large hole in the front yard at the entrance of the facility. On the front porch there is a green chair with a ripped up seat that shows all of the foam on it.

The second house outside the facility on the ground on the side of the house there are multiple cigarette butts/old empty cigarette packs and soda and beer cans. In the there is peeling paint on the ceiling tiles frame, there is a hole in one of the ceiling tiles over the window area, no curtain in the window or a screen. On the ceiling around the lamp a lot of peeling paint and plaster around the ceiling light. Metal holders for towel racks on the walls which can cut your hands /arms or your body were all uncovered

In the back area of the second house, there is a air condition electric plug and control unit did not have a protective cover on it (photographic evidence taken).

In resident observed a blanket on a residents bed with a large tear on it and showing the inner stuffing showing.

Interview with caretaker on at 2:30 pm , he confirmed the findings in regards to the findings of the facility during the tour.

Class III

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

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Based on record review and interview facility failed to ensure 1 out the 10 sampled resident to have a completed demographic information sheet in his file.

Findings includes:

Record review revealed that resident #6's demographic sheet did not contain the following information: Address prior to admission, telephone numbers for contacting any family or friend, place of his birth, no emergency contact information and contact information for the resident health care provider or case manager if applicable.

Interview with caretaker on at 2:30 PM, he confirmed the findings in regards to resident #6 did not have a complete demographic information sheet in his file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
New Greenview Ii Alf, Inc
2650 Nw 15th Avenue
Miami, FL 33142

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

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