STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967426	04/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Welcome Home Alf	8950 Sw 215th Terrace Cutler Bay, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2014002488) was conducted on . Welcome Home Asissted Living Facility had the following deficiencies at time of survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to ensure 1 out of 4 sampled staff had training in reporting adverse incidents and the facility's Elopement procedures.

Findings include:

Review of staff C's training file revealed she did not have any training in reporting adverse incidents or the facility's Elopement procedures.

Interview with staff B on at 11:51 am revealed he confirmed staff C had no adverse incident report training. He said she had Elopement training and that he provided those trainings but that he had not had time yet to make the certificate.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interview and record review, the facility failed to ensure a staff memeber who has completed course in First Aid and be present at the facility at all times.

Findings include:

Observation on at 9:30 am revealed staff C was the only staff member present at the facility.

Record review revealed staff C's and 1st Aid training both expired in 2012.

Interview with staff B on at 11:51 am revealed he confirmed staff C had expired first aid/ training. he also confirmed that she was the only staff member at the facility prior to his arrival.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967426	04/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Welcome Home Alf	8950 Sw 215th Terrace Cutler Bay, FL 33189	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0090-Training - **58A-5.0191(11) FAC**

Based on interview and record review, the facility failed to ensure 1 out of 4 sampled staff had training in ( ).

Findings include:

Review of staff C's training file revealed she did not have any training.

Interview with staff B on at 11:51 am revealed he confirmed staff C had no training certificate. He said she had training and that he provided those trainings but that he had not had time yet to make the certificate.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Welcome Home Alf
8950 Sw 215th Terrace
Cutler Bay, FL 33189

Re: CCR #2014002488

Dear Administrator:

This letter reports the findings of a state complaint 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 for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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