STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	04/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elena Assisted Living Facility	1731 Sw 11 Street Miami, FL 33135	

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

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2014003825) was conducted on , , 2014. Elena Assisted Living Facility Corp. had deficiencies at time of survey .

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not include evidence of freedom from communicable including for 1 out of 4 (a.) sampled staff.

Findings include:

Facility's record review on revealed that sampled staff a. (hire date) record did not have current proof of freedom from communicable including .

On at 3:00 p.m. staff C. owner acknowledged the staff member did not have documentation of being free from communicable including .

Class III

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

Based on record review and interview the facility's personnel records did not include properly documented evidence of Nutrition & Safe Food Handling In-service/Ongoing training for 1 out of 4 (a.) sampled staff.

Findings include:

Facility's record review on revealed that sampled staff A (hire date) did not have documentation of being trained in Nutrition & Safe Food Handling.

On at 3:00 p.m. staff C (owner) confirmed staff A had not been trained in Nutrition and Safe Food Handling.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	04/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elena Assisted Living Facility	1731 Sw 11 Street Miami, FL 33135	

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

0082-Training - / 58A-5.0191(3) FAC

Based on staff record review and interview the facility failed to ensure that 1 out of 4 (D) sampled staff had completed a onetime education course on and .

Findings include:

Facility's record review on revealed that sampled staff D (hire date) did not have documented evidence of / completed training.

On at 3:00 p.m. staff C (owner) confirmed staff D did not have documentation of being trained in / .

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (Staff B) sampled staff members have a completed application with references.

Findings include:

Record review on found that staff B (hire date unknown) did not have a completed application with references.

On at 2:07 p.m. staff C (owner) stated, " She started less than a month ago. I don't have her application. "

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview facility failed to provide evidence of initial education, in subjects dealing with one or more of the following topics of mental health diagnoses for 1 out of 4 (a.) sampled staff.

Findings include:

Record review on found that staff A (hire date), did not have evidence of receiving the initial education in subjects dealing with one or more of the topics of Mental Health

On at 3:00 p.m. staff C (owner) confirmed the staff member did not receive the training in Mental Health.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	**04/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elena Assisted Living Facility	**1731 Sw 11 Street Miami, FL 33135**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on personnel record review and staff interview the assisted living facility failed to ensure a completed level 2 background screening prior to providing access to residents and common living areas to staff members and tenants with access to common areas at the ALF.

Findings include:

On during interview with resident #3 stated he stated he interacts with the residents, and with the other people who live in the apartment located in the back.

On when I asked the residents if they knew who tenant #7 was the residents: #4, #3, and #2, told me he was the husband of the owner, staff , and that he usually is working around the house, fixing things and doing things but every now and then he goes out to work.

On reviewed Florida Department of Law Enforcement criminal background check on resident #8, 16 pages 33 and charges. 1. Burglary felony, 2. Burglary misdemeanor, 3. Burglary felony, 4. Burglary felony, 5. Shoplifting unknown, 6. Larceny misdemeanor, 7. Shoplifting misdemeanor, 8. Larceny misdemeanor, 9. Shoplifting misdemeanor, 10. Larceny misdemeanor, 11. Shoplifting misdemeanor, 12. 13. Shoplifting misdemeanor, 14. Shoplifting misdemeanor, 15. Larceny felony, 16. Larceny misdemeanor, resisting officer w/o violence. 17. Larceny misdemeanor, 18. Shoplifting unknown, 19. Shoplifting unknown, 20. Larceny misdemeanor, 21. Shoplifting misdemeanor, 22. Larceny misdemeanor, resisting officer w/o violence, 23. Purchase Felony, 24. Larceny misdemeanor, 25. Larceny felony, 26. Larcenv felony, 27. Larceny misdemeanor, 28. Making false report misdemeanor, Larceny misdemeanor, 29. Purchase misdemeanor, 30. Robbery Felony, 31. Petit Theft Third Conviction Felony, 32. Criminal Registration unknown, 33. Driving while license suspended knowingly.

On at 12:26 p.m. owner staff c. stated, " tenant #7 is the owner's father and he has been living here for about a month. I don't have background checks for tenant #7 or #8. Tenant #9 resides in the apartment on the second floor. I do not have a background check on him either. "

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elena Assisted Living Facility
1731 Sw 11 Street
Miami, FL 33135

Re: CCR #2014003825

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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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