STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	04/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Blessing Alf Llc	1051 Ne 154 Terrace Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure survey was conducted on . Blessing Assisted Living Facility had the following deficiencies at time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review and interview facility failed to have 1 out 4 sampled employees to have training in Assistance with Self-Administration of Medication .

Findings includes:

1. Record review revealed that employee C (caretaker started on) did not have training in Assistance with Self-Administration of Medication.

2. Interview with the administrator on at 11:00 am, confirmed employee C had not been trained in Assistance with Self-Administration of Medication.

Class III

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

Based on record review and interview facility failed to ensure 3 out 4 sampled employees to are trained in the following areas: Activities for Daily Living (ADL), Emergency Procedures, Adverse Incidents, and Resident Rights, Recognizing and Reporting , Neglect and , Control and Elopement Response and Procedures.

Findings includes:

1.Record review revealed Employee B (caretaker started on) did not have training in ADLs, Emergency Procedures, Adverse Incidents, Resident Rights, Recognizing and Reporting , Neglect and and Elopement Response and Procedures.

Further review revealed Employee C (caretaker started on) did not have training in ADL.

Lastly, Employee D (Owner, started on - , who also lives in the facility) did not have training in: Control, ADLs, Resident Rights, Recognizing and Reporting , Neglect and / and Elopement Response and Procedures.

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2. Interview with administrator on at 11:00 am, confirmed the findings in regards to the 3 employees not having been trained in these areas while working in the ALF.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out 4 sampled employees are trained in / .

Findings includes:

1. Record review revealed that employee D (owner, hired on) did not have documentation of being trained in / .

2. Interview with administrator on at 11:00 am, confirmed employee D (owner) did not have training in / .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Blessing Alf Llc
1051 Ne 154 Terrace
Miami, FL 33162

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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