STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**05/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	**2120 Nw 18 Terrace Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

touch with each resident's psychiatrist and have him fill out all the paperwork.

Class III
UNCORRECTED

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Revisit Corrected Tags:
0160-Records - Facility-05/28/2014
0162-Records - Resident-05/28/2014

Revisit Repeat Tags:
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A unannounced follow up to a Standard Biennial Survey was conducted on May 28, 2014 Almar ALF Inc had uncorrected deficiencies at the time of the survey:

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility still failed to have proof of an evaluation for 2 (R#1 and R#3) sampled residents ,within 30 days of admission to the facility. documenting they were mental health residents and to have an annual community support plan and a agreement. Furthermore, the facility still failed to have an annual agreement, annual community support plan and a mental health assessment for 1(R #2) sampled resident.

Findings as follow:

1. Record review of R#1's records revealed a mental health assessment, annual community support plan and agreement were not on file. There was a hand written note signed by the resident that said: "I (resident's name) decline case manager services and community health services. I take care of my own meds deliver prescriptions ( ) to (nearby hospital pharmacy) and pick them up. I bring them to Assisted Living Facility (ALF) and give them to caregiver"

2. Record review of R#3's records revealed a mental health assessment, annual community support plan and agreement were not on file. There was a handwritten note signed by the resident that said: "I (resident's name) decline case manager and community mental health services. I take care of my meds take to (nearby hospital pharmacy)"

3. Record review of R#2's records revealed the most recent annual support plan and agreement and mental health assessment on file was dated . There was a handwritten note signed by the resident stating: "I (resident's name) decline case manager services and community health services. I take care of my own meds deliver to (nearby hospital pharmacy) and pick them up. I bring them to Assisted Living Facility (ALF) and give them to caregiver"

Interview conducted with the facility owner on at approximately 12:30pm revealed the residents sign that statement ; they each have their own psychiatrist and he has no access to him. Said it is difficult for him to get in

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

BBT7

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