STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968320	06/11/2014
NAME OF PROVIDER OR SUPPLIER **Our Family Assisted Living Facility II, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **1813 Sw 150 Place Miami, FL 33185**	
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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident 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 Standard Biennial Survey was conducted on , 2014. Our Family Assisted Living Facility II Inc. had the following deficiencies at the time of survey.

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that 1 out of 3 (B) sampled staff members complete the required in-service.

Findings include:

On during a 1:30 am, personnel record review found that staff #B's (cooker, hired on) did not have any documentation of following in-service training:

Reporting Major Incidents, Elopement response, Emergency preparedness & Evacuation, Incident Reporting and Resident Rights.

During an Interview with the staff B on at 1:41 p.m., she acknowledged she did not have the requied training.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review, observation and interview, the assisted living facility failed to ensure that 1 out of 3 sampled employees completed the minimum of 2 hours of continuing education in nutrition and food service annually by an approved provider.

Findings include:

Record review revealed that staff B did not have documentation of having a minimum of 2 hours continuing education annually for nutrition and food service.

On / surveyor observes staff B cooking and preparing food between 11:00 - 12:00 p.m.

On / during an interview with staff B revealed that she is the cooker and she prepares all meals in the

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Our Family Assisted Living Facility Ii, Inc	**1813 Sw 150 Place Miami, FL 33185**	
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facility on weekends and when she has to cover.

On / at 12:55, during an interview with administrator, she stated that staff B is in charge of the kitchen.

Class III

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

Based on record review and interview the assisted living facility failed to have a resident record for 1 out of 6 (#6) sampled residents.

Findings include:

Record review found that the facility did not have consent form signed for resident #1 per ½ bed rail.

The administrator stated on at 2:30 p.m. confirmed that the facility did not have the consent signed.

Class III

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 that 1 out of 4 (staff A) sampled staff members have a completed level 2 background screening prior to providing care residents.

Findings include:

On at 12:00 pm, surveyor observed staff A working at the kitchen cooking and serving food to the residents sitting in the family , which is located next to the kitchen.

On at 10:00 am, during a personnel record review conducted on revealed that staff A (hired on) did not have an eligible result on her background screening.

On / at 11:13 am, during an interview with staff A, she stated that she covers on weekend and she is in charge of the kitchen.

On at 2:00 pm during an interview with the administrator, she stated that staff A had to take her fingers ' prints again.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Our Family Assisted Living Facility Ii, Inc
1813 Sw 150 Place
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a state standard biennial 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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