STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A-1 Assisted Living Facility Llc	9410 Sw 52 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0077-Staffing Standards - Administrator

Revisit Repeat Tags:

Revisit New Tags:
Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments

A follow up to a standard biennial survey was conducted on 17,2014. A-1 Assisted Living Facility had new deficiencies found at the time of the survey.

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the facility failed to notify the Agency of a change in capacity.

Findings as follows:

Observations during facility tour on at 11:10am revealed there were eight (8) residents in the facility. Six (6) residents were observed in the living watching TV. R#7 was sitting in the dining Two ladies were observed outside playing dominoes. Per caregiver they are R#5 and her daughter who was visiting her. Caregiver reported R#8 as a daycare resident and R#7 as a resident. A daybed was observed in the living and a bed was observed with one side against the wall on the hallway that goes from the kitchen to the employee's

Record review of the facility's Admission and Discharge log revealed there were 7 residents listed and one resident listed as daycare (R#8).

Record review of R#7's file revealed a respite care agreement dated

Record review of the facility posted license revealed the facility is licensed for a capacity of 6 residents.

Interview with resident R#7 on at approximately 11:20am revealed she sleeps here in Reports she has been living here since about 6 months.

Interview conducted with R#5's daughter on at 12pm revealed she visits 2-3 times a week. She reported her mother was moved from her this other bed located on the hallway leading to the employee

During interview conducted with the facility owner on she reported R#7 is respite care placement and it did not count towards the facility's capacity of 6 residents. Explained the resident was living there because her family was out on vacation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a biennial 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.

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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