STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966844	**06/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Machado Alf	**10241 Sw 134 Avenue Crossings, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A visit for a Standard Biennial Survey was made on . Machado ALF Corp had the following deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a health assessments for 1 of 3 (#5) sample residents assessing whether the individual requires any assistance with the administration of medications.

Findings as follow:

Record review documented the health assessment of resident #5 dated / / did not document the type of assistance resident #5 needed with medication administration.

On at about 11:30 a.m. staff #2, and #3 (caretakers) stated the facility failed to document the type of assistance resident #5 needed with the administration of medications..

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the facility failed to meet continued residency for 2 of 5 (#2 and #5) facility residents.

Findings as follow:

Record review documented :
Resident's #2 health assessment dated , documented , resident needed medication administration.
Resident's #5 health assessment dated / / , documented, resident's #5 needs could not be met in the ALF.
On at about 11:30 a.m. staff #3 (caretaker) aknowledge the findings.
Staff #3 added , assisted resident #2 with self administration of medications..

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have an accurate contract listing the especific services offered by the facility.

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Findings as follow:

Record review documented 5 of 5 (#1, #2, #3, #4 and #5) residents contracts executed between the facility and the residents stated:
" The facility (ALF) had a license standard with the following licenses Extended Congregate Care, Limited Mental Health, Limited Nursing Services"
Record review documented the facility hold an standard license (No LMH, LNS services).
On at about 12:00 noon facility caretakers (staff #2 and #3) stated that Contracts were not accurate due to facility only provided standard services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Machado Alf
10241 Sw 134 Avenue
Crossings, FL 33186

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey that was conducted on 23, 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 free 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:kb
Enclosure
XG90

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