STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	06/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial Survey was completed on . My Bells Assisted Living Facility 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 completed health assessment for 1 of 2 (#2) sample residents.

Findings as follow:

Record review revealed resident #2 (admitted) health assessment did not contain orders for medications and services and the weight record initiated on admission.

On at about 12:30 p.m. the facility administrator confirmed the facility did not have a completed health assessment with orders for medications and services and the weight record initiated on admission for resident #2

Class III,

~~0078-Staffing Standards - Staff 58A-5.019(2) FAC~~

Based on record review and interview the facility failed to ensure 1 of 2 (#2) facility staff had documentation of freedom from communicable disease, including tuberculosis on annual basis

Findings as follow:

Record review revealed staff #2 (caretaker, hired on 04/21/2014) last freedom from communicable disease documentation was dated .

On 06/25/2014 at about 12:40 p.m. the facility administartor confirmed the facility failed to have documentatio.. of freedom from communicable including for staff #2 of annual basis.

~~Class III~~

0160-Records - Facility 58A-5.024(1) FAC

~~Based on record review and interview the facility failed to perform 2 elopement drills per year~~

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Findings as follow:

Record review revealed the facility had no elopement drills documentation available for review.
On at about 12:45 p.m. the facility administrator confirmed they had not performed elopement drills.

Class III

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

Based on record review and interview the facility failed to have the annual community living support plan, agreement and mental health assessment for 1 of 2 (#2) limited mental health residents.

Findings as follow:

Record review documented the facility failed to have the agreement , annual community support plan and mental health assessment for resident #2(admitted on).

On at about 11:00 a.m. the facility administrator identified resident #2 as a Limited mental health resident and confirmed the facility had no the agreement, annual community support plan and mental health assessment for this resident

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a standard biennial 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:kb
Enclosure
XG90

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