STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	07/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf Home Assisted Living Plus More	4941 Pine Cone Lane West Palm Beach, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at ALF Home Assisted Living Plus More. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 1 out of 2 residents (Resident # 3) .

The findings include:

A review of Resident # 3's file revealed an admission date of Resident # 3's last medical exam is dated for with the following diagnosis: Adult and Further review of Resident # 3's file revealed she is currently receiving nursing services from a Home Health Agency (HHA) for administration since However, Resident #3's AHCA Form 1823, does not indicate the requirement of any nursing services or the requirement for administration. Furthermore, the AHCA form 1823 does not indicate a diagnosis requiring administration and/or medications.

In an interview conducted on at approximately 12:18 PM, the Assisted Living Facility Owner acknowledged that Resident # 3 should have a new AHCA form 1823 filled out by her Physician documenting the significant changes in health condition. She also acknowledged the findings and stated no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	07/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 3 sampled staff records reviewed (Staff B).

The findings include:

Record review of Staff B's personnel record revealed her date of hire was . . . Further review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training: Resident Rights.

In an interview with the Assisted Living Facility Owner on . . . at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
ALF Home Assisted Living Plus More
4941 Pine Cone Lane
West Palm Beach, FL 33417

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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