STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	07/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalom Alf	441 Nw 33 Ave Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Biennial Standard survey was conducted on , 2014. Shalom ALF had deficiencies at the time of survey.

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

Based on observation, record review, and interview the facility failed to ensure that 1 out of 2 (A) sampled staff members have the required in-service training.

Findings include:

Observation on @ 9:00 a.m., staff A assisted residents with activities of daily living.

Personal record review on / @ 9:20 a.m. revealed that staff #A did not have any documentation of following in-service training: 1 hour of Emergency Preparedness & Evacuation, Incident Reporting, 1 hour Resident Rights, Recognizing/Reporting , Neglect & , 1 hour of Control training, 3 hours of Activities of Daily Living (ADL) and Behavioral Needs training, and Elopement response training.

Interview on / @ 10:08 a.m. with staff A revealed that she had six years working at the facility.

Interview on / @ 11:00 a.m. with Administrator and staff A acknowledged that staff A was missing documentation of in-service training.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on staff record review and interview the facility failed to ensure that 1 out of 2 (A) sampled staff had completed a course on and training.

Findings include:

Facility's record review on @ 10:00 a.m. revealed that sampled staff A did not have documented evidence of / completed training.

An interview on / @ 11:30 a.m. with Administrator acknowledged that staff A did not have / training.

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Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure 2 out of 2 (Administrator & staff A) sampled employees have at least two (2) hours of continuing education training for assistance with self-administration of medications.

Findings include:

A record review on / @ 9:30 am revealed that Administrator's last training was dated and staff A's last training was dated . Both staff members did not have the required 2 hours for assistance with self-administration of medication training annually.

Interview on / @ 10:00 am with administrator and staff A revealed that they assist residents with self-administration of medication. Interview on @ 11:00 am with administrator and staff A revealed that they would be taking the training next month.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to have documentation of at least one hour training in policies and procedures regarding ( ) for 1 out of 2 sampled employees (A).

Findings include:

Record review on @ 10:00 am revealed that staff A (hired on) did not have documentation of at least one hour of training regarding policies and procedures for .

Interview on / @ 1:00 pm with administrator confirmed that she did not have documentation for training at the time of survey.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have an employment application with references for 1 out of 2 (staff A) sample employees.

Findings as follow:

Record review for staff A revealed there was no employment application with references information.

Interview on / @ 10:00 am with administrator, she acknowledged that staff A did not have an employment application with references and job description.

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Class III

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

Based on record review, observation, and interview, the facility failed to have resident consent forms for unlicensed personnel assisting with self-administration of medication in 2 out of 5 (#4 and #5) sampled residents.

Findings included

Record review on / @ 10:00 am, revealed that residents #4 and #5 did not have signed consent forms for unlicensed personnel assisting with self-administration of medications in their files.

Further record review revealed on @ 10:10 am that resident 's #4 file did not have demographic information.

Observation on / @ 10:20 am revealed that Administrator and staff B were looking for residents #4 and #5's consent forms for unlicensed personnel assisting with self-administration of medication and demographic information for resident #4. However, they did not find any documentation regarding above information.

Interview on / @ 10:30 am with administrator revealed that she thought those documents were in residents' files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Shalom Alf
441 Nw 33 Ave
Miami, FL 33125

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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