STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965502	**07/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tadeos Alf	**1525 Sw 119 Court Miami, FL 33184**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

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

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, record review, and staff interview the assisted living facility failed to maintain the daily medication observation record (MOR) for 1 out of 6 (#2) sampled residents.

Findings include:

On at 8:50 am found that resident #2 was not at the facility during the tour. Per staff B he went to his family home for the entire weekend.

Record review found that resident #1's MORs is initialed per staff B indicating that he had his medications.

The administrator and staff B confirmed on at 11:46 a.m. that the MORs were not initialed correctly for residents #1.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on personnel record review and staff interview the assisted living facility failed to have proof of the administrator's high school diploma or GED.

Findings include:

On at 10:00 am, a personnel record review found that the facility's administrator (hired) did not have evidence of having a high school diploma or its equivalent.

Interview with the administrator on at 10:28 a.m. revealed that she completed high school, and she did not have a copy of the diploma at the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965502	**07/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tadeos Alf	**1525 Sw 119 Court Miami, FL 33184**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the facility failed to provide documentation that 2 out of 4 (administrator & A) sampled staff members had at least 4 hours of training in assistance with self-administration of medications.

Findings include:

Personnel record review of the administrator and staff A revealed that they did not have documentation of 4 hours of training for assistance with self-administration of medications.

Interview with administrator on at 1:45 pm, she acknowledged deficiency.

Class III

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

Based on record review , observation and interview facility failed to ensure 1 out 6 (resident # 1) sampled residents in having a power of attorney and an informed consent to assistance with medication by unlicensed personnel.

Findings include:

On at 11:00 am, record review found that resident #1 had an informed consent to assistance with medication by unlicensed personnel signed per a family member, which is not dated and there is no power of attorney in resident #1 personnel file.

On at 11:30 am, observed Administrator looking in resident file for documentation.

On at 1:00 pm, during an interview with Administration, she acknowledged deficiency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Tadeos Alf
1525 Sw 119 Court
Miami, FL 33184

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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