

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967910	(X3) DATE SURVEY COMPLETED 07/10/2014
NAME OF PROVIDER OR SUPPLIER Paula Perez Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 952 S W 136 Place Miami, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
 St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
 St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
 St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
 St - A - 0160 - 58a-5.024(1) Fac - Records - Facility 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
 St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
 St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on , 2014. Paula Perez ALF INC had Licensure deficiencies found at the time of the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the provider failed to ensure 1 out of 3 sampled employees (staff B) have documentation of current training in First Aid and ().

Findings include:

A review of the staffing schedule for the month of 2014 revealed staff B worked the 7 AM- 7 PM shift. A review of staff B's First Aid and training documentation revealed it had expired on .

On at 1:33 PM, the administrator acknowledged staff B's First Aid and training documentation had expired on and was not current.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview, the provider failed to ensure 3 out of 3 sampled employees (staff A, B, C) obtained a minimum of 2 hours of continued education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Record revealed revealed staff A, staff B and staff C did not obtained a minimum of 2 hours of continued education in topics pertinent to nutrition and food service in an assisted living facility after the last documented training date .

On at 1:15 PM, staff A acknowledged he, staff B and staff C did not obtained a minimum of 2 hours of continued education in topics pertinent to nutrition and food service in an assisted living facility after the last documented training date .

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Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the provider failed to ensure training documentation for 3 out of 3 staff (A, B, C) included the location of the training program.

Findings include:

Record review of staff A's, B's, & C's training documentation for Assistance with Self-Administration of Medication revealed completion date on _____ for staff A, and _____ for staff B and staff C. Further review revealed it did not include the location of the training program.

On _____ at 1:35 PM, the administrator acknowledged the training documentation for Assistance with Self-Administration of Medication completed by staff A, B, & C did not include the location of the training program.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the provider failed to ensure the 3-day supply of non-perishable food were on hand at all time.

Findings include:

Interview conducted on _____ with staff B revealed the facility's census as 6 residents.

Observation conducted on _____ at 10:04 AM of the facility's 3-day supply of nonperishable food revealed 11 cans of mixed fruit with expiration date of _____, 2 boxes of corn flakes with expiration date of _____, 2 jars of peanut butter with expiration date of _____, 2 cans of Pear Nectar juice with expiration date of _____, 8 cans of spaghetti with expiration date of _____, 4 chef Boyardee cans with expiration date of _____, 22 cans of Ducal Mango drink with expiration date of _____. Further observation revealed 5 cans of tuna, 5 cans of Vienna sausages and approximately 10 cans of corn remained after the removal of the expired non-perishable items.

On _____ at 10:04 AM, the administrator acknowledged the 3-day supply of nonperishable food had expired and stated that the expired cans will go out today.

Class III

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

Based on record review and interview, the provider failed to ensure its admission and discharge log was up-to-date to include the names of all residents currently residing at the facility.

Findings include:

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A review of the facility's admission and discharge log revealed it did not contain the names, the date of admission, the facility or place from which residents #5 and #6 were admitted.

On _____ at 11 AM, the administrator acknowledged its admission and discharge log did not contain the names, the date of admission, the facility or place from which residents #5 and #6 were admitted.

Class III

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

Based on record review and interview the provider failed to ensure 1 out of 3 (staff C) personnel records contained a copy of the employment application with references furnished.

Findings include:

A review of the staffing schedule for _____ 2014 revealed staff C's shift is 7 PM- 7 AM. A review of staff C's personnel record revealed date of hire as _____. Further review revealed staff C's employment application was incomplete and it did not contain references.

On _____ at 1:35 PM, the administrator acknowledged staff C's employment application was incomplete and it did not contain references.

Class III

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

Based on record review and interview, the provider failed to ensure resident records for 1 out of 6 (#6) included demographic data; documentation of resident's refusal of a therapeutic diet, a weight record that is initiated on admission; a copy of the signed written informed consent for unlicensed staff assisting with the self-administration of medication; and a copy of the resident's signed and dated contract with the facility.

Findings include:

A review of resident 's #6 record revealed no documentation of demographic data (name, address and telephone number of next of kin, legal representative or individual designated by the resident for notification in case of emergency);documentation of resident's refusal of a therapeutic diet, a weight record that is initiated on admission; a copy of the signed written informed consent for unlicensed staff assisting with the self-administration of medication; and a copy of the resident's signed and dated contract with the facility.

A review of resident 's #6 medication observation records for the month of _____ 2014 and _____ 2014 revealed unlicensed staff had assisted resident #6 with medication.

On _____ at 2:11 PM, the administrator acknowledged resident #6 record did not include demographic data (name, address and telephone number of next of kin, legal representative or individual designated by the resident for notification in case of emergency);documentation of resident's refusal of a therapeutic diet, a weight record that is initiated on admission; a copy of the signed written informed consent for unlicensed staff assisting with the

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self-administration of medication; and a copy of the resident's signed and dated contract with the facility. The administrator also acknowledged that staff had assisted resident #6 with self-administered medication without obtaining a signed consent form for assistance with self-administered medication by resident #6.

Class III

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

Based on record review and interview, the provider failed to ensure its admission and discharge log identified 3 out of 3 (#1, #2, #3) limited mental health residents; the provider failed to ensure 3 out of 3 (#1, #2, #3) limited mental health residents records included an annual community living support plan.

Findings include:

On [redacted] at 10:42 AM, the administrator verbally identified residents #1, #2, and #3 as limited mental health residents.

A review of the admission and discharge log revealed the limited mental health residents #1, #2, and #3 were not identified.

A review of the limited mental health residents' #1, #2, and #3 community support plan revealed it had not been updated on an annual basis.

On [redacted] at 12:43 PM, the administrator acknowledged the admission and discharged did not identify the limited mental health residents and that the community support plans for the limited mental health residents were not updated on an annual basis

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the provider failed to ensure 1 out of 3 sampled employees (staff A) completed a minimum of 3 hours of continuing education.

Findings include:

Record review of staff A's training documentation revealed a 3-hour biennial continued training certificate that was completed on [redacted]. Further record review revealed no documentation showing staff A had completed a minimum of 3-hours of continued education biennially after [redacted].

On [redacted] at 1:41 PM, staff A acknowledged his training documentation did not show he had completed the minimum of 3-hours of continued education biennially after [redacted] and stated that it was at his other facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2014

Administrator
Paula Perez Alf Inc
952 S W 136 Place
Miami, FL 33184

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial survey that was conducted on August 14, 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 thirty days 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
Field Office Manager

AMD:ve
Enclosure

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