STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	**07/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kelley Alf	**10410 Sw 127th Avenue Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was completed on . Kelley Assisted Living Facility had the following deficiencies:

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on observation, record review and interview the facility failed to obtain a written inform consent to assist with self administration of medications by unlicensed staff from 1 of 2 (#1) sample residents.

Findings as follow:

On at about 12:20 a.m staff #2 (caretaker) was observed assisting resident #2 with self administration of medications.

Record review revealed staff #2 (caretaker) was an unlicensed staff. Further review revealed the facility failed to obtain an inform consent from resident #1, to assist with self administation of medications by unlicensed staff.

On at about 12:30 a.m. the facility administartor reported the facility did not have the inform consent to assist resident #1 with self administration of medications.

Class III

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

Based on observation, record review and interview the facility failed to have 1 of 2 (#2) residents weights recorded every 6 months.

Findings as follow:

On at about 12:20 p.m. it was observed staff #2 (caretaker) assisting resident #1 with self administration of medications. Staff #2 was also observed assisting resident at lunch time.

Record review revealed the residents health assessment (asessment date) documented resident #1 needed assistance with all the activities of daily living. Further review found the last weight recorded for resident #1 was dated .

On at about 12:30 p.m. the facility administrator reported the facility failed to obtain the weight of resident #1 every six months.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	**07/17/2014**
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)		

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to execute a contract between the facility and 1 of 2 (#1) sample residents.

Findings as follow:

Record review documented the facility failed to have a contract executed (signed) between the facility and resident #1 (admitted to facility on).

On at about 12:20 p.m. the facility administrator confirmed the facility failed to have the contract between the facility and resident #1 , because resident can not sign.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Kelley Alf
10410 Sw 127th Avenue
Miami, FL 33186

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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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