STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967931	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clara & Angel Alf	5180 Nw 2 Street Miami, FL 33126	
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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities 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. Clara & Angel ALF had deficiencies identified during the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to have an updated health assessment for 2 out of 6 (#4 and #5) sampled residents who had significant changes in their levels of activities of daily living (ADLs). The facility failed to ensure that 2 out of 6 (#4 and #5) sampled residents met the continued residency criteria.

Findings included:

1) Based on the observations on at 11:53 am, found that resident #4 required total care with getting up from a chair by two staff members and with walking from the sitting area to the dining . Further observations found that resident #5 also needed total care with getting up from a chair by two staff members. Resident #5 was not able to stand up or walk, her feet were not flat on the ground.

2) Record review found that resident #4's health assessment (dated) stated ADL levels for eating and were supervision; ambulation, bathing, dressing and transferring were assistance. Also resident had an order of hospice dated . Record review found that the facility did not have any documentation of resident #4 being on hospice.

Record review found that resident #5's health assessment (dated) stated ADL levels for eating, , ambulation, bathing, dressing and transferring were supervision.

3) The health assessments were reviewed with the administrator on at 3:25 p.m. He agreed with the findings and he stated that he was going to the doctor to have the health assessments completed properly. The administrator and his wife stated that resident #4 was removed from hospice

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by the family but the did not disclose the reason.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a up to date work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings Include:

1) Observations on at 9:35 am found staff A and B alone at the facility. The wife of the administrator arrived to the facility at 10:00 am. The administrator arrived to the facility on at 1:54 am.

2) Record review of the facility's staffing schedule for I/ to I/ found for Wednesday, , staff A and staff B were scheduled to be at the facility from 7:00 AM until 7:00 PM and the administrator was scheduled to be at the facility from 9:00 AM until 6:00 PM.

3) In an interview with the administrator on at 3:25 pm, he acknowledged the findings and stated he needs to update the facility's schedule.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on observations and interview the facility failed to ensure that food was served in a safe and sanitary manner.

Findings included:

1) Lunch Observations on at 11:35 am saw staff C in the kitchen when the spoon that she was using to dish out the food on the floor. Staff C picked up the large spoon and placed in back into the pot. With that same spoon she was observed dishing out bean sauce in a bowl to resident #3 without washing and rinsing the spoon.

2) Staff member A was notified of the observations on . Staff A spoke to staff C. Staff C took the spoon and placed it into the sink and grab another spoon to dish out the food.

Class III

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

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Based on record review and interview the facility failed to ensure that 2 out of 6 (#3 and #6) sampled residents have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

Finding included:

1) Record review found that resident #3's contract was signed by the resident's daughter. Record review found that the resident's admission forms were signed by her daughter. Record review found that the facility did have the power of attorney but it was with a future date of .

Record review found that resident #6's contract was signed by the resident's wife. Record review found that the resident's admission forms were signed by his wife. Record review found that the facility did not have any documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney.

2) The contracts and records were reviewed with the administrator on at 3:25 p.m. He confirmed that there was no paperwork in the record for resident # 6 and that he was going to contact the daughter of resident #3 to rectify the error.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clara & Angel Alf
5180 Nw 2 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Biennial Standard 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) 539-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com