STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964241	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Charity Home Alf Inc	290 W 48th Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2014. Charity Home ALF Inc. had deficiencies identified at the time of the survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations and interview the facility failed to provide ongoing activities .

Finding included:

1) Confidential interviews with residents on revealed that the facility does not provide activities.

Observations during the survey from before and after lunch on found two residents sat in front of the television even during lunch. Staff members A, B, or C did not offer any activities to the residents.

2) Interview with the administrator on at 3:17 PM revealed that the facility does not have a set time to provide activities. She stated that they had dominos, chess, and crafts. She confirmed there were no activities provided during the survey.

Class III

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

Based on interview and record review the facility's staff did not follow appropriate procedures when assisting with self-administration of medication for 1 out of 6 sampled residents (#1). The facility failed to maintain medication observation records (MORs) for 1 out of 6 sampled residents (#1).

Findings included:

1) Interview with staff A on at 10 AM revealed she was not aware that when resident #1 left the house to spend the entire day with family members, she did not have to initial the MORs as given but to document that the resident was with family. Staff A stated that the facility would prepare the medications and give them to resident #1's family so they could give her the medications while she was away from the facility.

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2) Record review found that resident #1 medication observation records were initialed daily as given by the facility. Record review found that the MOR did not have any documentation as to when resident #1 was away from the facility.

Class III

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

Based on record review and interview the facility failed to have a manager who has met the CORE requirements. The facility failed to also appoint a separate manager in writing for this facility.

Findings included:

1) Interview with the administrator on at 1:54 PM, she stated that her son staff D was the manager. When the administrator was questioned further, she stated she was not sure if her son would be able to help her out. She stated that at the time the facility did not have a manager. She also stated that the facility did not have a manager appointed in writing.

Record review found that the administrator supervised a total of two assisted living facilities. Record review found that the facility did not have a manager appointed in writing. The facility did not have a manager's record to review during the survey.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that freedom from communicable including ( ) were dated accurately for 1 out of 6 (F) sampled employees.

Findings included:

Record review found staff F's freedom from communicable including statement was dated (future date). The facility was not able to provide any additional information to verify the communicable statement for staff F.

The statement was reviewed with the administrator on at 1:54 PM, she stated that she was going to get another statement for staff F.

Class III

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

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

Findings included:

1) Observations on at 9:05 AM found staff B alone at the facility upon entrance.

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2) Record review of the facility's staffing schedule for to found for Tuesday , staff A and staff B were scheduled to be at the facility from 6:00 AM until 6:00 PM and the administrator was not on the scheduled.

3) In an interview with the administrator on at 9:32 AM, she stated Staff A had requested to go out for a few minutes to pay her personal phone and to do other personal things that she had to take care of, and that she had authorized it.

In an interview with the administrator on at approximately 3:00 PM, she acknowledged the findings and stated she needs to be more aware about the schedule.

Class III

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served on the menu. The facility failed to keep documentation of substitution on file for 6 months.

Findings included:

1) Observation made on at 11:56 AM found that the residents were served rice with sausage, mixed salad, fried plantains, and juice.

2) Review of the menu has the lunch listed to be served as eggs, ham, onions/potatoes, rice, mixed salad, salad dressing, and peaches, and juice. The substitution was documented on a board that was hanging in the kitchen area but not on the menu. Record review also found that the facility was not documenting substitutions to the menu and keeping them on file for six months.

3) Interview with staff B on at 11:56 AM acknowledged that substitutions were made to the lunch menu.

Interview with the administrator on at 11:51 AM, she stated that the facility made changes to the menu and changes are written on the board (between the kitchen and dining). The administrator stated that the facility was not documenting those changes to the menu and keeping them for six months

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe living environment, free of hazards, and ensure that all ceilings and windows located in designed for resident are in good repair.

Findings included:

1) On at 10:42 AM resident # windows did not have screens and the blinds were not able to open and close. There was also foul order at the entrance of resident #.

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Resident # did not have a window screens and blinds were not working (not able to open or close) and missing individual vertical blinds. Also there was a missing knob on the closet door handle. There are brown stains on the ceiling above the closet.

The "employee" had a big brown stain on the ceiling.

2) The administrator stated on at 10:47 AM that the roof has been leaking and that they are working on that. Interview with the administrator on at 3:05 PM, she acknowledged the findings and stated that she will make sure it will get fixed before the follow up occurs.

In an interview with staff C, who lives in the , on at 10:54 AM, she stated that the stain has been in the ceiling for a long time, but she did not care too much about that.

Class III

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

Based on record review and interview the facility failed to have a completed application with references for 1 out of 6 (E) sampled employees.

Findings included:

Record review found that staff E did not have a completed application with references at the facility for review at the time of the survey.

Interview with the administrator on at 1:54 PM confirmed that staff E did not have a completed application at the facility.

Class III

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

Based on record review and interview the facility failed to ensure that 1 out of 6 (F) sampled employee completed at least 6 hours of Limited Mental Health (LMH) training within 6 months of employment.

Findings included:

Record review found that staff F's hire date was . Record review found that staff F did not have any documentation that he completed 6 hours of LMH training within 6 months of employment at the time of survey.

Interview with the administrator on at 1:54 PM confirmed that staff F did not have LMH training at the facility at the time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Charity Home Alf Inc
290 W 48th Street
Hialeah, FL 33012

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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