STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967893	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Edelmira Alf Ii Inc	12030 Sw 171 Terrace Miami, FL 33177	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An abbreviated biennial survey was made on . Edelmira Assisted Living Facility II had the following deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to document freedom from communicable for 1 of 4 (#4) facility sample staff.

Findings as follow:

Record review showed the facility failed to have proof of freedom from communicable for staff #4 (hired on).

On at 12:00 noon the facility administrator confirmed the facility had no proof of freedom from communicable for staff #4.

Class III

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

Based on observation, record review and interview, the facility failed to train 1 of 4 (#3) facility staff in charge of food service and nutrition.

Findings included:

On at about 10:00 a.m. staff #3 (hired on) was observed preparing food for lunch. Further observation at 12:00 noon, staff #3 was serving food to facility residents.
Record review showed the facility failed to have documentation of the Nutrition and Food Services training for staff #3.

On at 12:10 a.m. the facility administrator confirmed the facility failed to train staff #3 in Nutrition and food training.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 1 of 4 (#4) facility staff trained in Do Not Resisciate Orders ( ).

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Findings as follow:

Record review showed the facility failed to have documentation of for staff #4 (hired on).

On at 12:00 noon, the facility administrator confirmed the facility failed to train staff #4 on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Edelmira Alf Ii Inc
12030 Sw 171 Terrace
Miami, FL 33177

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey that was conducted on 4, 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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