STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	09/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0160-Records - Facility-58a-5.024(1) Fac
L241-Lmh - Records-58a-5.029(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial revisit survey was conducted on I/ . My Bells ALF Corp had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility STILL failed to have a completed health assessment for 1 of 2 (#2) sample residents.

Findings as follow:ed

Record review on revealed resident #2 (admitted I/) health assessment did not contain orders for medications and services, the weight record initiated on admission.

On I/ at 9:50 a.m. staff #2 (caretaker) stated she could not provide the records of facility residents including resident #2 because to all the records were in a locked cabinet and she had no the key. Adding the administrator had the key.

On I/ at 10:00 a.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility. He's in the hospital with his mother and could not come to facility.

Uncorrected Deficiency
Class III

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

Based on record review and interview the facility STILL failed to ensure 1 of 2 (#2) facility staff had documentation of freedom from communicable , including on an annual basis.

Findings as followed:

Record review revealed staff #2 (caretaker, hired on I/) last freedom from communicable documentation was dated .

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On / at 10:00 a.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility. He's in the hospital with his mother and could not come to facility.

Uncorrected Deficiency
Class III

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

Based on record review and interview the facility STILL failed to perform 2 elopement drills per year and failed to have the facility records available for inspection.

Findings as followed:

Record review revealed the facility had no elopement drills documentation available for review.

On / at 9:50 a.m. staff #2 (caretaker) stated she could not provide the records of facility residents including resident #2 because to all the records were in a locked cabinet and she had no the key. Adding the administrator had the key.

On at 10:00 a.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility. He's in the hospital with his mother and could not come to facility.

Uncorrected Deficiency
Class III

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

Based on record review and interview the facility STILL failed to have the annual community living support plan and agreement for 1 of 2 (#2) limited mental health residents.

Findings as followed:

Record review on documented the facility failed to have the agreement and annual community support plan for resident #2 who was admitted to facility on /

On / at 9:50 a.m. staff #2 (caretaker) stated she could not provide the records of facility

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residents including resident #2 because to all the records were in a locked cabinet and she had no the key. Adding the administrator had the key.

On / at 10:00 a.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility. He's in the hospital with his mother and could not come to facility.

Uncorrected Deficiency
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 11, 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than ', 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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