STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967751	09/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Waterway Homes Alf Inc	5895 Sw 35 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
0093-Food Service - Dietary Standards-58a-5.020(2) Fac

Revisit New Tags:
Z824-Right Of Inspection; Inspection Reports-408.811 Fs, 59a-35.120 Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial revisit survey was scheduled on . . . . /. .. The agency was not able to gain access to Waterways Home ALF Inc to complete the scheduled revisit survey. The facility had uncorrected deficiencies.

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

Based on the inability to conduct a revisit survey, the facility STILL failed to have proof of freedom from communicable including on an annual basis on 1 of 1 sample staff (the facility's administrator).

The finding included:

Personnel record review on the last proof of freedom from communicable including for the facility administrator (staff A., administrator) was dated .

Interview with the administrator on at approximately 8:30 AM, confirmed he failed to obtain a doctor's statement of freedom from communicable including on an annual basis. The administrator stated the last freedom from communicable was dated . . . . . .

On / at 11:40 AM, the agency was unable to gain access to the facility.

Uncorrected Deficiency

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on the inability to conduct a revisit survey, the facility STILL failed to have an administrator who received a minimum of 12 hours of continuing education.

The findings included:

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Record review on revealed that employee A.(administrator) did not have any documentation proving the administrator took 12 hours of continued education in topics related to assisted living facilities every 2 years.

Interview with the administrator at 8:30 AM on , he confirmed the findings in regards to not having his 12 hours of continuing education in topics related to assisted living every 2 years in file for review during the survey.

On / at 11:40 AM, the agency was unable to gain access to the facility.

Uncorrected Deficiency

Class III

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

Based on the inability to conduct a revisit survey, the facility STILL failed to have a menu reviewed on annual basis.

The findings included:

Record review on documented the facility's menu was expired on .

Interview on at 8:10 AM, the facility's administrator stated that the facility's menu expired on and was not reviewed on annual basis. The administrator confirmed the findings in regards to the facility has done nothing in the past two years to have their menus updated since the last inspection 2012.

On / at 11:40 AM, the agency was unable to gain access to the facility.

Uncorrected Deficiency

Class III

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC

Based on observation and attempted interview the facility failed to give the agency (AHCA) access to conduct a revisit survey to a standard biennial.

The findings included:

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Arrived to facility on /1 at 11:40 AM, the facility had a fence with a lock. Called the facility three times and was unable to leave the message because the voice mail box was full. The agency was unable to conduct the survey.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Waterway Homes Alf Inc
5895 Sw 35 Street
Miami, FL 33155

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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