STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968320	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our Family Assisted Living Facility Ii, Inc	1813 Sw 150 Place Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR#2014007762) survey was conducted on . Our Family Assisted Living Facility II, Inc. had deficiencies identified at the time of the survey.

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

Based on observations, record review, and interview the Facility failed to ensure 1 out 4(C) sampled staff have minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Observations made on at 10:00 A.M. found staff C preparing and cooking (rice, black beans and beef) and Pureeing resident's #6 meal in facility.

Record review revealed staff C had no documentation of the 2 hours nutrition and food service training in the facility for review.

Interview with staff C on at 1:00 P.M. Stated " Every day I Pureeing resident #6 meal".

On at 1:15 P.M. Administrator acknowledged that staff C do not have the training documentation.

Class III

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

Based on observation and interview the Facility failed a 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve (for a census of 6 residents)on hand at all times.

Finding included:

Observation during tour on , 2014 at 9 AM found the emergency food cabinet contained 11 cans of non perishables which were expired. The following were expired: 3 cans of mashed potatoes expired dates ; and / ; 5 cans of beef stew with expired dates of and ; green beans 1 can expired ; ravioli 1 can expired .

Interview with administrator on at 11:30 AM confirmed the emergency food cans were expired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Our Family Assisted Living Facility Ii, Inc
1813 Sw 150 Place
Miami, FL 33185

RE: CCR #2014007762

Dear Administrator:

This letter reports the findings of a Complaint Investigation 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
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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida