STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967226	**09/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf Family Solution Corp	**7235 South Water Way Drive Miami, FL 33155**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Survey was conducted on 2014. ALF Family Solutions had the following deficiency found at time of the survey:

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

Based on record review and interview, provider failed to maintain an up-to-date admission and discharge log that identified 1 out of 3 (#4) mental health residents.

Findings included:

On , 2014 at 12:53 PM, the administrator named resident #4 as being mental health residents.

A review of the admission and discharge log revealed residents #4 was not identified as a mental health resident.

On , 2014 at 1:08 PM, the administrator reviewed the admission and discharge log and acknowledged it did not identify resident #4 as a mental health resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Alf Family Solution Corp
7235 South Water Way Drive
Miami, FL 33155

Dear Administrator:

This letter reports the findings of an Abbreviated 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
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