STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967226	09/17/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
A Limited Nursing Services Monitoring survey was conducted on . 2014. ALF Family Solution had the following deficiencies found at time of the survey:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and record review, the Assisted Living Facility failed to a signed resident's consent to the use of half-bed rail prior the use for one (#1) out of one sampled residents.

Findings included:

Observation on . . . . . at 7:52 a.m. found resident #1 lying on bed in . . . . with half-bed rails up.

Review of resident #1's record revealed that there was a resident's consent for the use of half bed rail in resident #1's record, it was dated but it was not sign by the resident or resident's representative.

Class III

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

Based on record review and interview, the Assisted Living Facility failed have evidence of a negative . . . . . examination must be documented on an annual basis for one of two (registered nurse) sampled staff.

Findings included:

Record review of contracted registered nurse (provides limited nursing services)'s record revealed the last negative . . examination was dated . . . . . .

In an interview with caregiver_A on at 8:37 a.m. revealed that probably administrator knew but he was not in the facility.

Class III

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0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to have a doctor order for the use of for one (#1) out of one sampled residents.

Findings included:

Observation on at 7:52 a.m. revealed that there were an tank and an concentrator for #1.

Interview with caregiver_A on at 7:55 a.m. revealed that tank and concentrator in belonged to resident #1. Interview with caregiver_A on at 8:37 a.m. and revealed that she thought that hospice gave the doctor order for the

Review of resident #1's record revealed that there was no doctor order for the use of by resident #1.

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 a Limited Nursing Services Monitoring 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
XG90

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