STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967437	**09/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Reina Alf	**4501 Nw 165 Street Miami Gardens, FL 33054**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . La Reina ALF had deficiencies at time of survey.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interviews, the assisted living facility failed to ensure that 1 out of 5 (E.) sampled staff members had a completed application with references.

Findings included:

Record review found that staff E. (hire date) did not have a completed application with references documented.

On at 11:19 PM staff C. stated, " She just started working here yesterday; I do have her background screening and will have her application before close of business today."

On at 1:52 PM staff E. stated, " I started yesterday.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the assisted living facility failed to ensure that 1 out of 5 (D.) employees' received a minimum six (6) hours limited mental health (LMH) training.

Findings included:

Record review for staff D. (hire date) revealed no initial documentation for 6 hours of Limited Mental Health Training.

On at 12:05 PM staff C. stated I will have the administrator schedule the training as soon as possible. "

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967437	09/08/2014
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Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interviews, the assisted living facility exceeded its licensed capacity of six (6) beds. The facility had a census of nine (9) residents.

Finding included:

On ..... at 08:43 AM, while interviewing resident #8 regarding whether lived there, she answered yes. Then she looked up (the owner, staff C. was standing behind me) she corrected herself and answered " no " . Then staff C. stated "I have a letter from AHCA (daycare letter) and resident #8 has ..... she doesn't know what she is saying. Why do you want to hurt me? I only get paid about $700 for these residents."

On ..... at 08:55 AM, resident #7 she stated, " I am well treated. I live here, I sleep here anywhere even sitting in this chair."

On ..... at 9:58 AM staff C. stated "I always have 8 residents, I don't count resident #2 she goes to program early in the morning and comes back late in the afternoon, she just sleeps here. The other two I count as daycare so when one of the residents passes the daycare resident becomes a permanent resident."

On ..... at 11:48 AM staff C. stated, "you got me I have three extra residents, if I have to let them go then I will have to sell the ALF, I am not making any money I don 't even have a salary."

On ..... at 1:14 PM phone interview with resident #9's son. He stated, "I looked around and found this place. I am retired and I can 't have her at home, she is doing fine there and this is where I want her, I don 't know what I would do if I had to move her."

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Reina Alf
4501 Nw 165 Street
Miami Gardens, FL 33054

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 8, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com