STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	09/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	2120 Nw 18 Terrace Miami, FL 33125	
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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey CCR#2014008237 was conducted on , 2014. Almar ALF INC 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 record review and interview the facility failed to honor resident rights. The facility failed to maintain a safe and decent environment, free of bed bug infestation in resident . #1, #3 and #4 which affected 3 out of 12 (#1, #2 and #3) sampled residents (SR).

Findings include:

On , 2014 at 9:45AM SR#1 stated that he saw a couple of bed bugs on his bed about a month ago.

On , 2014 at 10AM, SR#2 stated that he had seen bed bugs on his bed about a month ago. That another resident had come into his . After that resident left, there were bed bugs on SR#2's bed. SR#2 had killed the bed bugs. He was not sure if the administrator had any knowledge of the bed bugs.

On , 2014 at 10:05AM, SR#3 stated that he had been bitten by the bed bugs, he was not the only one who had been bitten and that it happened a month ago. He stated that his physician, his program and the administrator were aware.

On , 2014 at 10:15AM, staff A stated they had bed bugs about three months ago. They fumigated and yesterday (, 2014) they found out they had it again.

On , 2014 at 11:17AM, the administrator stated that SR#1 is in # , SR#2 is in # and SR#3 is in # .

On , 2014 at 12:40 PM, a representative from the Fellowship house said that the Assisted Living Facility administrator had never spoken to them about bed bugs and/or stopping the donations of clothing and that they did not have any reported incidents of bed bugs.

A review of the Department of Health (DOH) inspection report revealed DOH visited the facility on , 2014 between the hours of 10AM-12PM. DOH findings are: Previous inspection did confirm that there was bed bugs at this facility, still present at the facility and therefore, the department of health will refer this facility

: two beds and is being occupied by two residents. Both beds are at opposite ends are against the wall. Note the following was done: Sheets were removed. Mattress ribbons were unfolded and box spring was lifted, an if spring box has a cheese cloth attached to it, it was removed and evaluated. Walls and bottom

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	09/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	2120 Nw 18 Terrace Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

baseboards were also inspected. Bed (right side) showed visible and physical signs of bed bug excrement, marks on fabric, shedding of skin, bug, but no live bed bugs was witness at time of inspection. Bed (left side) revealed dried brown-reddish stains on the top surfaced of box spring and hidden live bed bugs. Witnessed bed bugs crawling on the mattress ribbon. inspection results concluded at time of inspection the specified show visible and physical signs of bed bug infestation. First bed was inspected (facing the door). Comforters were lifted. Sheets were lifted. The crevices (edge of the sheet) were not harboring/housing feces, skin and no visible, live adult bed bugs were observed. Second bed ' s linen and pillow ha visible sign of dried and sheets were soil with dried stain. Conclusion, upon random sampling of beds there were clear visible and physical signs of bed bugs infestation. Complain is valid.

Violation #20 clean AC grill in the living, common for the removal of mildew, Violation #27 Implement a strategy that will eliminate the infestation of bed bugs. Violation #29 Clean and sanitize all items (linen, mattress, box spring and bed frames) throughout the facility; notice strong odor emitting from sheet and pillows. Linens are soil. Violation #30 increase the frequency of washing. Client explain residence wash linens and personnel clothes weekly or biweekly.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, interview and record review the facility failed to maintain the minimum staff hours per week of 212 hours for a total of 12 residents, and failed to maintain an accurate written work schedule that reflects its 24-hour staffing pattern for 2014.

Findings include:

Observation on at 09:55 am revealed only staff A was providing assistance to residents during the shift 07:00 am -07:00 PM, staff D was at the facility in a training status, and not providing resident care.

Interview with staff A on at 10:15am revealed she is the only one working at the facility day and night and that she is live-in staff. She said the staff B was scheduled to cover the night shift from 07:00pm-07:00am but staff B had resigned about 5 days ago. Staff A stated the staff C, who is the administrator is on call and she comes daily but she has no a fixed schedule.

Interview with staff D on at 10:20 am revealed she is not taking care of residents as she is in training.

Interview with the staff C on at 10:30AM revealed she was aware that they did not have enough staff to cover the residents' needs here. She said this is something new that just happened 5 days ago. The other employee decided to go suddenly and it is not easy to find a new staff so fast. They just hired the staff that is now in training and they are waiting to get clearance from the background check unit to get her in charge of residents' assistance and to put her on the schedule. Staff C stated she comes to the facility every day but she did not have fixed hours to work in the facility. She admitted that only staff A is here at this time and she is the one staying at nights too.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**09/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almar Alf Inc	**2120 Nw 18 Terrace Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of Admission/ Discharge Book revealed there is a census of 12 residents at the facility.

Record review of Staffing Pattern dated for 2014 revealed the staffing scheduled for A, B and C with two shifts and working hours from 07:00 am-07:00pm and 07:00pm-07:00 am. Staff C is on call. Staff A is scheduled to work daily from 07:00am-07:00pm. The staff B who is no longer employed at this facility is scheduled to work from 07:00pm-07:00 am daily.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

RE: CCR #2014008277

Dear Administrator:

This letter reports the findings of a state licensure 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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