

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967241	(X3) DATE SURVEY COMPLETED 10/30/2014
NAME OF PROVIDER OR SUPPLIER My Bells Alf Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0160-Records - Facility-58a-5.024(1) Fac
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:

Z824-Right Of Inspection; Inspection Reports-408.811 Fs, 59a-35.120 Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial 2nd revisit survey was conducted on 30, 2014. My Bells ALF had the following deficiencies at time of the survey:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility STILL failed to have a completed health assessment for 1 of 2 (#2) sample residents.

Findings as followed:

Record review on revealed resident #2 (admitted /)'s health assessment was not completed.

On at 3:00 p.m. staff #2 (caretaker) stated she could not provide the facility records because all the records were in a locked cabinet. She stated she did not have the key adding the administrator had the key.

On at 3:02 p.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility.

Uncorrected Deficiency
Class III

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

Based on record review and interview the facility STILL failed to ensure 1 of 2 (#2) facility staff had evidence of a negative () examination documented on an annual basis.

Findings as followed:

Record review revealed staff #2 (caretaker) last freedom from communicable including documentation was dated .

On at 3:00 p.m. staff #2 (caretaker) stated she could not provide the facility records because all the records were in a locked cabinet. She stated she did not have the key adding the administrator had the key.

On at 3:02 p.m. the facility administrator stated by phone that all facility documentation was locked and

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added he was out of facility.
Uncorrected Deficiency
Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility STILL failed to provide documentation that elopement drills were conducted.

Findings as followed:

Record review revealed the facility did not have documentation that elopement drills were conducted.

On at 3:00 p.m. staff #2 (caretaker) stated she could not provide the facility records because all the records were in a locked cabinet. She stated she did not have the key adding the administrator had the key.

On at 3:02 p.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility.

Uncorrected Deficiency
Class III

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

Based on record review and interview the facility STILL failed to have the annual community living support plan and agreement for 1 of 2 (#2) limited mental health residents.

Findings as followed:

Record review on documented the facility failed to have the agreement and annual community support plan for resident #2 who was admitted to facility on 11.

On at 3:00 p.m. staff #2 (caretaker) stated she could not provide the facility records because all the records were in a locked cabinet. She stated she did not have the key adding the administrator had the key.

On at 3:02 p.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility.

Uncorrected Deficiency
Class III

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC

Based on record review and interview the facility failed to provide access to facility records required for during a 2nd revisit survey.

Findings as followed:

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Record review found the facility staff did not have access to resident, staff, and facility records.

On . at 3:00 p.m. staff #2 (caretaker) stated she could not provide the facility records because all the records were in a locked cabinet. She stated she did not have the key adding the administrator had the key.

On . at 3:02 p.m. the facility administrator stated by phone that all facility documentation was locked and added he was out of facility.

Unclassified Deficiency



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a **second** Biennial Revisit Survey conducted on
30, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies
corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified
on the day of the visit.

All deficiencies shall be corrected no later than

, 2014.

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

YOSF

