STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	11/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Machin Ii Alf, Inc	15863 Sw 150 Terrace Miami, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And 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 I/ . Machin II ALF, Inc. had the following deficiencies at time of the survey:

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility's personnel records did not include evidence of First Aid training for 3 out of 4 (B, C and D) sampled staff.

The findings included:

Personnel record review on I/ revealed sampled Staff B., Staff C., and Staff D. did not have evidence of First Aid training at the facility.

On I/ at 2:40 PM Staff D. stated " We all have the training, we just didn ' t put a copy of the First Aid card in the file, I will be done as soon as possible."

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility exceeded their licensed capacity of 6 beds.

The findings included:

On I/ at 9:30 AM during tour of the Assisted Living Facility with Staff D. (owner), resident #7 was observed sleeping in one of the beds in the I #... " Staff D. stated, "she (resident #7) is a daycare resident, she was dropped off early this morning so she went back to sleep."

During tour of the family #8 was observed reading the newspaper. On I/ at 10:00 during the survey both residents #7 and #8 were removed from the Assisted Living Facility by family members. Staff D. stated, "resident #7 was picked up by her family she had a doctor 's appointment and resident #8 was picked up by her son, in the morning her daughter drops her off then about this

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time her son picks her up, they have family issues."

On [illegible] at 1:20 PM interviewed resident #4 and she was questioned if resident #7 lived in the facility and she stated, " yes she does." She was asked where does she sleep and she pointed to [illegible] and stated "that is her [illegible]."

On [illegible] 14 at 1:20 PM during tour of [illegible] with Staff D. resident personal belongings was observed on the bedside night table and in the [illegible] 's closet. Staff D. stated, " This is what happened, resident #6 is leaving on [illegible] to live with his daughter in Spain, resident #7 was a daycare but as of [illegible] she has been living here. I just didn ' t want to lose the bed. "

Unclassified deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Machin Ii Alf, Inc
15863 Sw 150 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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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