STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965528	**11/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reyse Alf Corp	**20-22 Nw 40 Court Miami, FL 33126**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 (CCR# 2014010309) Investigation survey was conducted on . Reyse ALF Corp had the following deficiencies at time of the survey:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation and record review, the Assisted Living Facility failed to have an updated health assessment that showed the changes in activities of daily for one (#2) out of four sampled residents.

Findings included:

Observation on at 10:40 AM revealed that resident #2 needed assistant for ambulation and transferring which assistant administrator provided.

Record review of resident #2 ' s file revealed that health assessment (AHCA form 1823) completed on indicated resident #2 was independent with ambulation, dressing, self-care ( ), toileting, transferring, needed supervision with eating and assistant with bathing.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that two staffs (caregiver_A and caregiver_B) had freedom of communicable including ( ) statements.

Findings included:

Record review of caregiver_A and caregiver_B ' s files revealed that caregiver_A and caregiver_B did not have freedom of communicable including statements.

Interview with assistant administrator on at 9: 32 AM revealed that he did not know why these caregivers did not have the written statements of being free of communicable .

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to maintain an accurate

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written work schedule.

Findings included:

Arrived to the facility on at 7:19 AM observed caregiver_A and caregiver_B present working in the facility. Observation on at 10:24 AM revealed that assistant administrator, administrator, caregiver_A and caregiver_B were the only caregivers presented in the facility.

Record review revealed that caregiver_A was on staffing pattern to work 7 AM- 7 PM.
Record review revealed that caregiver_B was on staffing pattern to work 7 PM- 7 AM.

In an interview with caregiver_B on at 7:26 AM revealed that she worked 24 hours shift. In an interview with caregiver_A on at 7:33 AM revealed that she worked 24 hours shift.

In an interview with assistant administrator on at 10:25 AM revealed that caregiver_A and caregiver_B worked day shift.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Reyse Alf Corp
20-22 Nw 40 Court
Miami, FL 33126

RE: CCR #2014010309

Dear Administrator:

This letter reports the findings of a Complaint Investigation 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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