STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964616	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Farah Michele Alf, Inc	431 West 31 Place Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR#2014009805) was conducted on . Farah Michele Assisted Living Facility, Inc. had deficiencies identified at the time of the survey.

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain complete resident records for 4 of 7 total sampled residents (#1, #2, #3, and #7).

Findings include:

On record review for resident ' s #1 and #2 revealed Admissions Package were not signed.

On record review for resident's #3 and #7 showed their file contains documents which have the signature of both resident's daughters. Further record review of resident #3 and #7 file did not find the required documentation designating resident #3 and #7 daughters as the health surrogate or guardian.

During an Interview on at 11:28 AM, Staff A. administrator stated resident #1 contract was not signed. " I moved him from daycare to resident but his daughter has not come in to sign his record, she lives out in Hollywood, for #2 I have to get them to sign it."

During an Interview on at 11:56 AM when staff A. was asked if resident #3 had a power of attorney, administrator stated, " No he does not. " When asked why the contract was signed by resident #3 granddaughters, Administrator stated, " She signed it because he has problems with his hands and cannot write. "

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on observations, record review, and interviews the assisted living facility failed to complete and submit 1 day initial adverse incident report for 1 out of 7 (#1) sampled residents.

Findings included:

Interview on at 10:00 AM Staff A. stated, " Resident #1 started as day care, he was living on his own in an apartment, and he started missing payments, paying rent, utilities so his children brought him to us as a day care. He then became a resident, for the first two days he slept well, then the next night at about 1:00 AM I was making a bed check and I found he had left the Assisted Living Facility. He left out the front door, we have an

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alarm and during those days the alarm was not working. The alarm is currently working. On at 10:12 AM owner attempted to set the Assisted Living Facilities wired alarm 5 times, and was unable to set it using the alarm located by the front door. On at 10:28 AM administrator stated, " I will call the alarm company to come check the unit. "

Review of Assisted Living Facility incident record log revealed 1 day initial adverse incident report was not summited to the agency.

On at 10:02 AM Staff A. stated, I didn't make any reports, we found out he was gone, we went out looking for him and then notified the police department and they brought him back I was not aware that this was something I had to report to AHCA. "

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility failed to submit to the Agency 60 to 120 days in advance a request to modify the licensed capacity. The facility exceeded their licensed capacity of 6 beds.

Findings included:

Record review on showed there are six residents listed on the Admission and Discharge log. However, observation during the tour it was revealed there were seven (7) residents living at the facility. Resident #2 was not listed on the Admissions Discharge Log.

Interview on at 11:02 AM administrator stated, resident #2 was admitted on Sunday, , the only thing I have on him is his health assessment. He is currently not here, he went out this morning

Further record found there was no resident #2 revealed no resident admissions record, only a health assessment dated and a hand written MOR. "

On at 11:27 AM administrator stated, I wrote up resident #2 medications on a blank MOR, his prescriptions came from a private pharmacy so we didn ' t have a MOR from the pharmacy. "

On at 10:55 AM staff A. administrator stated, " I admitted resident #2 before discharging resident #1, he is in the hospital I just returned from a trip and I was going to complete the discharge paperwork today, I did speak to his daughter and told her I was unable to care for her father due to his advanced ' s I didn ' t want to lose the bed. "

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Farah Michele Alf, Inc
431 West 31 Place
Hialeah, FL 33012

RE: CCR #2014009805

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 2014009805
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