| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953314** | **11/25/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Alton Aclf Home** | **2090 Nw 115th Street Miami, FL 33167** | |
| 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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Compliant (CCR# 2014010283) Survey was conducted on |- . Alton ACLF had the following deficiencies at time of survey.

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

Based on record review and interview, the facility failed to have resident to have a signed written consent form for non-licenced staff to assist with medications and completed demographic data for 1 out of 4 sampled residents.

Findings includes:

Record review showed that resident #4 did not have an signed and dated consent form for an un-licensed staff member to assist him with medications as well as no demographic sheet.

Interview with the administrator on |- at 11:00am, he confirmed the findings in regards to the resident's demographic document was not complete at the time of the admission of the resident to the facility and at the time of the survey.

Class III

**0167-Resident Contracts 58A-5.025 FAC**

Based on record review and interview facility failed to have a signed contract between 1 out of 4 sampled residents at the time of admission.

Findings includes:

Record review revealed that resident #4 (admitted on ) did not have a signed and dated contract between him and the facility.

Interiew with the administrator at 2;00 pm on |- , he confirmed the findings in regards to the missing documents in the residents chart and sated that the resident had been refusing to signed any of the documents during his short day at the facility.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953314** | **11/25/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Alton Aclf Home** | **2090 Nw 115th Street Miami, FL 33167** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

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

Based on record review and interview facility failed to ensure 3 out 4 sampled residents have an annual community support plan.

Findings includes:

Record review revealed that residents #1, #2 and #3 did not have a current annual living support plan. Resident #1's community living support plan was signed and dated on |- , resident #2's community living support plan was dated and signed on |- |- and resident #3's community living support plan was dated and signed on |- |- .

Interview with the administrator on |- at 3:00 pm, he confirmed the findings in regards that all three resident's community living Plans were out dated and needed to bee corected as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Alton Aclf Home
2090 Nw 115th Street
Miami, FL 33167

**RE: CCR #2014010283**

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 2014010283
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