

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911830	(X3) DATE SURVEY COMPLETED 12/15/2014
NAME OF PROVIDER OR SUPPLIER Alf Management And Professional Services, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 21 Sw 75 Avenue Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on _____, 2014. ALF Management and Professional Service Inc. had the following deficiencies found at time of the survey.

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

Based on record review and interview the facility failed to ensure for 2 out of 6 (staffs C, D & E) to have an annually ___ test.

Findings included:

Observation on _____ @ 8:30 am revealed that staff D worked at the facility assisting residents (caretaker). Furthermore, staff E worked in the facility as a cooker; she was cooking and serving breakfast to the residents when surveyor arrived.

Record review on _____ @ 11:00 AM revealed that staff D (hired _____) and staff E (hired 3 yrs. ago) did not have documentation to prove the annual ___ test.

An interview on _____ from 8:30 am to 9:30 am with staff D & B confirmed that staff E worked in the facility substituting staff B.

Interview on _____ @ 11:20 am with administrator stated that staff D did not have the ___ test in file and staff E did not work at the facility.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have a personnel record and an background screening in file for 3 out of 6 (staff C, D & E) sample employees.

Findings included :

Observation during tour on _____ at 8:30 am revealed that staff C & D worked at the facility assisting residents (Caretaker) and staff E worked as cooker in the facility at time of survey.

Record review on _____ revealed that staff D & E did not have personnel file completed; staff D did not her inservices documentations in her file and staff E did not have a personnel file.

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Further record review on [redacted] at 11:00 am revealed that staff C did not have a copy of his Background Screening in his personnel file.

Interview with administrator revealed that staff C had his background done but he could not print the document. Moreover, administrator admitted that staff D had her recently finished her inservices; however, they were not in the facility at time of survey.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Base on observation, record review and interview the facility failed to have background check for 1 out 6 (staff E) sampled employee.

Findings included:

Observation during tour on [redacted] from 8:35 am - 9:30 am revealed that staff E was cooking in the kitchen at time of survey. Moreover, staff E came out of the kitchen (cafeteria style) to show a refrigerator with food, she had the facility's keys in her hands, and she also was serving breakfast to the residents.

A record review on [redacted] revealed that staff E did not have a background screening in the facility, and administrator did not have staff E ID information to download AHCA's background screening.

During an interview on [redacted] at 8:40 am revealed that staff E worked in the facility for 3 years; she was not a full-time employee; however, she stated that she covered staff B when she had an appointment or had to go out. She also stated that staff B had a doctor appointment, and she was covering her. Staff E also stated that she prepared breakfast for resident on [redacted].

Further interview on [redacted] at 9:30 am revealed that staff B also confirmed that staff E worked at the facility covering her in the kitchen.

Interview with administrator on [redacted] at 1:00 pm, he stated that staff E was not an employee of the facility.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Alf Management And Professional Services, Inc
21 Sw 75 Avenue
Miami, FL 33144

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.shtm> 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 Evalautro Supervisor at (305)593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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