STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lady Regla Alf	11935 Sw 40 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training 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 . Lady Regla Assisted Living Facility had the following deficiencies at time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a comprehensive Health Assessment was properly completed for 1 of 7 sampled residents (3) within 60 days prior to or 30 days after admission to the facility.

Findings include:

On at 12:40 PM record review for resident #3 showed AHCA Form 1823 Page 1 was missing the Facility Name, Facility Address, Telephone Number and Contact Person. Physical or sensory limitations, Nursing/treatment/ service requirements and Special precautions are all blank. Page 2, Activities of Daily Living, Ambulation, Bathing, Dressing, Eating, Self-Care and , Toileting, Transferring all are marked as requires assistance. C. Conditions/requirements #3 any , 3, or 4 pressure sores and #5 require 24-hour nursing or care left bank and section D. Can needs be met in an assisted living facility is marked as no. Page 4, section B. Does the individual need help with taking his medication, was left blank. Medical certification Date of Examination left blank.

On at 1:05 PM Staff A. administrator stated, " The activities of daily living is wrong, resident #3 is independent she walks, talks and moves around the facility, she is currently in the hospital and will be coming back to the ALF later this afternoon. I will call the Dr. at the hospital and have him correct the 1823, sometimes they don ' t even do it themselves, the nurses fill them out and they just sign it. "

On at 2:45 PM resident #3 arrived at the Assisted Living Facility by medical transportation, she was brought into the facility on a stretcher by the paramedics. She was awake and as soon as she was inside the facility she sat up and greeted all the residents at the ALF, she was helped off the stretcher by the paramedics she walk over to the administrator and hugged her, she then introduced herself to this surveyor. She stated to the administrator she was happy to be home.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lady Regla Alf	11935 Sw 40 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the facility's failed to have documentation of negative exmaination for 1 out of 3 (C.) sampled staff.

Findings include:

On at 1:55 PM employee record review revealed sampled Staff C. (hire date) documentation of a negative examination expired .

On at 3:15 PM administrator stated, "I will have Staff C. redo his test so we can update the record."

Class III

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

Based on record review and interview the facility failed to maintain documentation of the power of attorney (POA) or the appointment of a health surrogate, or evidence of the appointment of a guardianship for 2 out of 7 (#1 and 3) sample residents.

Findings include:

On at 11:05 AM record review found resident #1 ' s son and resident #3 ' s daughter had signed the contract and other admission forms. Resident's #1 and #3 ' s files did not contain documentation of a power of attorney (POA) appointing residents #1 son or resident ' s #3 daughter true and lawful attorneys in fact.

On at 3:05 Staff A. Administrator stated, " I have asked them for the power of attorney but they have not brought them in yet, I will call and let them know. "

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 1 out of 3 sampled employee (B.) have received the minimum 6 hours Limited Mental Health training.

Findings include:

On at 1:35 PM record reviewed of Staff B. (hire date) revealed no documentation of the initial Limited Mental Health Training.

On at 3:15 PM the administrator acknowledged the findings and stated, " I have to schedule her for the next training. "

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lady Regla Alf	11935 Sw 40 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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 (7).

Findings included:

On at 10:10 AM, resident #1 went into #, and stated, " I sleep here, and live here, this is my bed, (she points to it) the first bed by the door being blocked by a large chest of drawers. " On at 10:15 AM resident #2 stated, when asked her to show me her , she went into # and stated, "I sleep here (she pointed to the bed next to resident #1 bed). Resident #1 is my she sleeps here, (she points to the bed in front of the door) I can't remember for how long but she has been here for a little while.

On 10:10 AM administrator stated, " She (resident #1) is a daycare but I have a problem with her, she wants to sleep in a bed, and she just does not want to be in a recliner. Her son brought in the bed in # for her to sleep during the day. Her family, they sometimes pick her up late. "

Interview on at 2:50 PM resident #3, when asked her to show me her went to # , she then stated, this is my bed (she pointed at the bed facing the door). Resient #1statedshe sleeps in the bed next to the chest of drawers and resident #2 in the bed next to her. We all share the get along fine. I asked her if resident #1 lives in the Assisted Living Facility and she stated yes. "

On at 7:39 PM resident #1's son stated via phone interview, "I am satisfied with the care she is receiving at the home." When asked if his mother lived at the ALF he stated, "yes she lives there, and I go visit her at least once a week. "

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lady Regla Alf
11935 Sw 40 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 15, 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
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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida