STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	12/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kendall Alf Ii, Inc	10230 Sw 91 Street Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Kendall Assisted Living Facility II had the following deficiencies at the time of visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the facility failed to have directions for medication's use in 1 of 4 (#2) facility sample residents.

Findings as follow:

Record review showed the facility failed to have the directions for use for resident's #2 medications (month of 2014) documented on the resident medication observation record (MOR). Record review documented the facility had the name and doses for resident's #2 medications but failed to have the daily frequency for those medications.

On at 11:00 a.m. the facility administrator (staff #1) confirmed they failed to document the time frequency for residen #2 on the residents MOR.

Class III

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

Based on record review and interview the facility failed to have documentation of a negative examination for 1 of 4(staff E) facility staff.

Findings as follow:

Record review showed the facility failed to document a negative examination on an annual basis, for staff E (hired on) was dated .

On at 11:30 a.m. the facility administrator confirmed the facility failed to document freedom from on annual basis, for staff E.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	12/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kendall Alf Ii, Inc	10230 Sw 91 Street Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to have the Nutrition and food service training for 2 of 5 (Staff B and D) facility staff.

Findings as follow:

On at 11:00 a.m. staff B was observed in facility preparing food for lunch.
Record review documented the facility failed to have documentation of the Nutrition and food training for staff B (hired on) and staff D (hired on).

On the facility administrator (staff #1) stated both staff B and D are in charge of food service and confirmed the facility failed to have staff B and D training in Nutrition and food training.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have at least 2 elopement drills per year.

Findings as follow:

Record record review documented the facility only elopement drill documented in the elopement drill log, was dated .

On at 11:00 a.m. the facility administrator stated the facility failed to perform at least 2 elopement drills per year.

Class III

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

Based on record review and interview the facility failed to have a Power of Attorney, health care surrogate, health care proxy or guardian, for 1 of 4 (#1) facility sample residents.

Findings as follow:
Record review documented resident's #1 contract was signed by a family member.
Record review documented the facility failed to have a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for resident #1.

On at 10:30 a.m. the facility administrator acknowledge, the Contract for resident #1 was signed by a family member and added, the facility failed to have a health care surrogate, health care proxy, guardian or a power of attorney for resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Kendall Alf li, Inc
10230 Sw 91 Street
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 23, 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

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