

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966860	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER El Doral Assisted Living Facility Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9795 Nw 27 Terrace Miami, FL 33172	
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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
 St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
 St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
 St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . El Doral Assisted Living Facility had the following deficiencies identified at the time of survey.

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

Based on record review and interview the facility failed to ensure 2 out of 3 sampled staff have documentation of a negative examination on an annual basis or within 30 days of employment

Findings includes:

Record review revealed that employees A (administrator started on) last examination was dated on Employee B. (caretaker started -) did not have any documentation to verify an examination since working at the facility.

Interview with administrator on at 3: 00 pm, she confirmed the findings in regards to her not having a updated physical examination in her file and that employee B. caretaker did not have any documentation in her file stating she has been ever tested since working at the facility .

Class III

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

Based on record review and interview facility failed to have 1 out 3 sampled employee she did not have training in the areas for Nutrition and Safe Food Handling in her file at the time of the survey.

Findings includes:

Record review revealed that employee C. (live in caretaker, hire date unknown) did not have any documentation proving she has been trained in Nutrition and Safe Food Handling at any time since being hired.

Interview with administrator on at 3:00 pm, she confirmed the finding in regards that employee C. (live in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966860	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER El Doral Assisted Living Facility Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9795 Nw 27 Terrace Miami, FL 33172	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

caretaker) did not have training in the areas for Nutrition and Safe Food Handling in her file at the time of the survey.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to have a clean and safe environment by having a broken window screen on a front window of the facility.

Findings includes:

Observation on arrival to the facility on , observed on the front of the facility left large window it's screen was busted out on the lower portion. Photo was taken of the screen damage.

Interview with the administrator in regards to the busted window screen at at 3:00 pm, she confirmed the finding and stated that that window was on her (#) and she really did not need the screen on that window, but would have it repaired.

Class III

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

Based on record review and interview facility failed to have an sanitation inspection report issued by the county health department within the last two years.

Findings includes:

Record review revealed that the last health inspection for the facility was last completed on . The facility does not have an up to date health inspection on record at the time of the survey.

Interview with the administrator/owner at 3:00 pm, she confirmed the findings in regards to not having an up to date health inspection at the time of the survey.

Class III

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

Based on record review and interview the facility failed to ensure 1 out of 3 sampled staff have an employment application with references.

Findings Include

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966860	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER El Doral Assisted Living Facility Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9795 Nw 27 Terrace Miami, FL 33172	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review found staff C (live in caretaker, hire date unknown) did not have employment application including references.

Interview with the administrator on confirmed the staff AC did not have an employee application.

Class III

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

Based on record review and interview facility failed to have 2 out of 3 sampled employees documents stating they were trained in the area for Limited Mental Health (LMH)

Findings included:

Record review revealed employees B. (caretaker started on -) and employee C. (caretaker) did not have any documentation in their files stating they were trained in LMH

Interview with the administrator on , she confirmed that both employees did not have their training in the area for Mental Health.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

2015

Administrator
El Doral Assisted Living Facility Inc
9795 Nw 27 Terrace
Miami, FL 33172

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2015 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,


Ariene 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