STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Redland Alf Inc	20555 Sw 187 Ave Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0189 - Fs 429.905 (2); 58a-6.013 (2-3) Fac - Adccs In Alf 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 Standard Biennial Survey was conducted on I/ . Redland ALF Inc. had the following deficiencies found at the time of the survey:

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 1 out of 4 (Staff D) sampled employees had training in safe food handling practices within 30 days of employment.

Findings included:

On at 12:45 PM employee record review found that Staff D's file did not have training in safe food handling practices within 30 days of employment. Staff D was hired on I/ .

On I/ at 2:00 PM the Administrator confirmed the findings that Staff D did not have the training and stated that she was going to take care of this as soon as possible.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 1 out of 4 (Administrator) sampled staff received 2 hours of continuing education training for assistance with self-administration of medications.

Findings included:

On at 12:45 PM record review revealed that Administrator did not have the required annual 2 hours for assistance with self-administration of medication training. The last training was dated I/ .

On I/ at 2:00 PM the Administrator stated she assisted residents with assistance with self-administration of medications. She stated that she did the training already but she was just waiting

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for the certificate.

Class III

0189-ADCCs in ALF FS 429.905 (2); 58A-6.013 (2-3) FAC

Based on record review and interview the facility failed to ensure 1 out 6 sampled day care participants (#3) had a Power of Attorney (POA), Surrogate, or Guardianship documentation.

Findings included:

On at 12:45 PM record review found day care participant #3's (admitted on) family member signed her contact with the facility. The facility did not have documentation of a POA, Surrogate, or Guardianship.

On at 2:00 PM the Administrator stated she was going to request the documentation from the participant's daughter.

Class III

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

Based on observation, record review, and interview the facility failed to ensure that 2 out of 4 (C and D) sampled staff members have a completed level 2 background screening prior to providing care to a census of six residents and five day care participants.

Findings included:

Facility tour on at 9:11 AM found staff members C and D in the facility caring for a census of six residents and five day care participants.

On at 12:45 PM employee record review revealed that Staff C (hired on) and Staff D (hired) did not have level 2 background screening results.

On at 2:00 PM the Administrator acknowledged that Staff C and D did not have level 2 background screening results.

On the facility faxed a copy of Staff D's level 2 background screening results dated

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Redland Alf Inc
20555 Sw 187 Ave
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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