STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	01/27/2015
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0161 - 429.275(2) Fs; 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 Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) monitoring survey was conducted on . Kendall Assisted Living Facility II had the following deficiencies found at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review the assisted living facility failed to obtain a physician order authorizing the use of a half bed rails for one of three (#1) sampled residents.

Findings include:

On at 1:43 PM half bed rails was observed attached to Resident #1's bed.

A record review of Resident #1's file was conducted. No evidence was located in Resident #1 file that the observed bed rails was ordered by a physician.

On at 2:02 PM an interview was conducted with the assisted living facility Administrator. The Administrator stated she was unable to locate the order for Resident #1's bed rails.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review the assisted living facility failed to ensure 2 of 3 (Employee B and C) employee personnel files contained documentation of compliance with a level 2 background screen.

Findings Include:

On a record of Employee B and Employee C ' s personnel file revealed no documentation of compliance with a level 2 background screen.

On at 2:35 PM an interview was conducted with the assisted living facility Administrator. The Administrator stated both Employee B and Employee C ' s background screens were very new and she does not know if the employees passed the background screen.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	**01/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kendall Alf li, Inc	**10230 Sw 91 Street Miami, FL 33176**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on interview and record review the assisted living facility failed to ensure 1 of 3 (Employee A) sampled employees obtained a eligible level 2 background screen result prior to allowing the employee to provide direct care and personal care services to residents of the assisted living facility.

Findings Include:

On a record review of Employee A ' s personnel was conducted. Employee A ' s personnel file contained no documentation the Employee A obtained a eligible screening result for a level 2 background screen.

On at 2:35 PM an interview was conducted with the assisted living facility Administrator. The Administrator stated Employee A has worked at the assisted living facility since . The Administrator stated she did not know if Employee A passed the back ground screen and stated " I would imagine that she did. "

On at 2:13 PM a call to the Agency for Health Care Administration Background Screening Unit verified that Employee A ' s fingerprints were received on without a social security number. The Background Screening Unit stated Employee A ' s prints were not processed and Employee A has no eligibility screening results.

Unclassified

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 Medicaid Program Integrity and Health Quality Assurance monitoring 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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