STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968040	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marla Grove Alf, Inc	3705 Sw 1 Avenue Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Marla Grove ALF, Inc had the following deficiencies at time of the survey:

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure 1 out of 3(#2) facility residents had a completed health assessment that specifies whether the individual will require any assistance with the administration of medications and able to administer with or without assistance.

Findings included:

Record review on revealed Resident #2 's health assessment did specify if the resident needed assistance with the administration of medications or if the resident was able to administer with or without assistance.

During an interview on at 11:32 AM, Administrator acknowledged the health assessment for Resident #2 did not specify if the resident needed assistance with administration of medications and able to administer with or without assistance. The Administrator stated, " Resident #2 receives assistance with self-administration of medication. "

Class III

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

Based on observation, interview, and record review the facility failed to limit physical to half bed rails for 1 out of 12 (#2) sampled residents sampled residents.

Findings included:

Observations on during tour of the facility revealed the use of quarter rails on the bed in # for Resident #2.

Record review found Resident #2 had an order for the use of half bed rails dated

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On at 9:45 AM, the Administrator stated the quarter rails were a gift to the facility and that's why he was using them.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to have 3-day supply of non-perishable food.

Findings included:

Observation during tour on at 9:15 AM revealed the emergency food closet located in the dining did not contain a supply of milk and had one can (105 ounces) fruit cocktail for a census of 14 residents. The facility is required to have 672 ounces of milk and 336 ounces of canned fruit.

During an interview on at 9:30 AM with the Administrator, she acknowledged the facility did not have milk and only one can of fruit cocktail. She stated " I will buy the emergency food that it missing now. "

Interview with the local Ombudsman office on at 10:20 AM revealed the last assessment for the facility on found the facility did not have emergency food.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Marla Grove Alf, Inc
3705 Sw 1 Avenue
Miami, FL 33145

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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