STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967910	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paula Perez Alf Inc	952 S W 136 Place Miami, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on |- . Paula Perez ALF Inc had deficiencies at the time of the visit.

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

Based on record review and interview facility failed to have 3 out 4 (B, C, and D) sampled employees trained in providing assistance with self-administration of medications annually.

Findings included:

1. Record review revealed that sampled Employees B, C, and D did not have annual 2 hour training in assistance with self-administration of medications. Employee B and C's last training was dated |- expired on |- and Employee D's last training was dated and expired on |- .

2. Interviewed the Administrator on |- at 1:00 pm, confirmed that three employees did not have their assistance with self-administration of medications training.

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on record and interview facility failed to have 3 out 4 (B, C, and D) sampled employees trained in 3 hours of continuing education in Limited Metal Health every two years.

Findings included:

1. Record review revealed that Employees B,C, and D did not have the necessary 3 hours hours of continuing education in Limited Metal Health (LMH). Employee B's last LMH 6 hour training was completed on , Employee C's last LMH 6 hour training was completed on , and Employee D's last 6 hour LMH training was completed on .

2. Interviewed the Administrator on at 12:45 pm confirmed the findings in regards to the three employees not having the continuing education in Limited Metal Health.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Paula Perez Alf Inc
952 S W 136 Place
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a 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 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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