STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968275	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Osmani M Alf Llc	26423 Sw 122 Place Homestead, FL 33032	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on Osmani M ALF Inc had a deficiency at the time of the visit.

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to obtain a licensure capacity increase prior to providing personal care, meals and assistance with self- administration of medication to one out of seven residents (Resident #3). The facility provided services to resident #3 outside the current license capacity of six.

Findings included:

On , at 02:50 p.m. an interview was conducted with Resident # 1 who stated that she believed that there are 7 to 8 residents that resided in the facility. When questioned as to whether or not resident # 3 resides in the facility she then stated that he does and she pointed to as being the place in which he sleeps.

On at 03:37 p.m. an interview was conducted with Resident #3's mother who stated that the facility is paid Resident#3's entire income for services provided by them which included food, assistance with self-administration of medication, and other personal services.

On at 3:00 p.m. an interview was conducted with the Administrator that gave contradicting information. At first she stated that Resident # 3 stopped living in the facility 2015. Eventually, she stated that maybe Resident #3 will no longer want to stay at the facility since his residency is being questioned. In addition, the Administrator stated that they continue to provide, meals, assistance with self -administration of medication to Resident #3 and they provide personal services such as laundry, the purchase of clothing, and they make sure that he bathe on a daily basis.

On a review of the facility 's Medication Observation Records (MORs) revealed that Resident #3 was listed on the MORs along with the other residents of the facility receiving assistance with self-administration of medication and that Resident #3 had prescribed medication doses listed at 7:00 AM and 7:00 PM.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Osmani M Alf Llc
26423 Sw 122 Place
Homestead, FL 33032

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
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