STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967828	03/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Greenview Ii Alf, Inc	2650 Nw 15th Avenue Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= G
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= G
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0190 - 58a-5.033(1-2) & (3)(b) Fac - Administrative Enforcement S-S= G
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (#2015001527) was conducted on and concluded on . New Greenview II ALF, Inc had deficiencies found at time of the survey.

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, in one of twelve (Resident #1) sample residents.

The findings included:

Record review and interview revealed the facility failed to document in the residents file the incident involving Resident #1 which led to his .

On at 10:00 AM Staff A. stated, "The incident involved Resident #1, and an individual who we knew as one of our local vendors, I don't know his name, he used to bring fruits and vegetables to the Assisted Living Facility (ALF) . He, (the victim) was stabbed outside the ALF, he came into the home for help, and he while the police was at the ALF. The police were asking him what happened, but he was unable to speak, resident #1 came in from the street confessed and was on the spot."

On at 10:58 AM Staff B. stated, "I was in my heard a commotion outside, he (victim) came into the main building through the second door that leads into # and into the main living area, I came out of my (the victim) was sitting on the floor by the kitchen and he motioned me for help, I asked him what was wrong and he was unable to answer, I called 911 and the police arrived about 5 minutes later, before rescue, they took us out of the building and went in to check on the victim. They then called rescue to tell them the victim was . About half an hour later, Resident #1 came back and said, " I did it, he (victim) slapped me, and pulled a knife on me, I took it from him (victim) and stabbed him. " The police then Resident #1. We were interviewed and later on the next day (Saturday) about 4:00 PM forensics took the body and they left. "

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On at 2:52 PM received Police Department Complaint / Affidavit. Identifies the victim's name, date of birth and address; narrative states, " On , 2015 at approximately 2303 hours Police and Fire Rescue were dispatched to the above location in reference to a male . Upon arrival patrol officers located the victim inside the residence face down with a laceration to his neck. Fire Rescue responded and determined the victim was at 2314 hours. While conducting the investigation the defendant arrived on the scene and advised officers he was the one who stabbed the victim. The defendant was transported to the Police Department."

On at 3:00 PM Staff A. stated, we didn't have any notes on the record because we were waiting for our consultant to come in and write the notes on the record.

Class III

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

Based on observation, record review, and interview the facility failed to allow residents to live in a safe environment by not having locking exterior doors and not promoting a secure and decent living environment by not providing general resident oversight to prevent a threatening and violent event inside the facility that involved one of twelve (Resident #1) sampled residents.

The findings included:

In an interview with the facility manager on at 10:00 AM, he described the incident that involved Resident #1 on and an individual who he knew to be as a local fruit/vegetable "vendor" and that he did not know this vendor's name. He stated that based on the police information he received on , this "vendor" was stabbed outside the facility on at about 10:30 PM by resident #1, the vendor then came into the facility to seek help and the vendor while the police were in the facility responding to this emergency. He stated that the police later Resident #1 on .

In an interview with the caregiver on at 10:58 AM, he stated that he responded to the vendor's cry for help on at around 10:45 PM when he heard commotion immediately outside his , which is located in the facility's south building next to the kitchen. He stated that the vendor was profusely from his neck, and the trail inside the facility indicated that the vendor entered the facility through the front-side door, which led into a resident the main living area of the facility. He stated that when he saw the vendor on at about 10:45 PM, the vendor was sitting on the floor in the hallway between his the kitchen, and the vendor was unable to verbalize what had happened to him. He stated that he immediately called 911 and the police and fire rescue arrived shortly thereafter. He stated that when Resident #1 arrived onsite on at around

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11:30 PM, he heard the resident confess to the police that he stabbed the vendor because the vendor slapped him and pulled a knife on him, to which he then took the knife from the vendor to stab him. He stated that he saw the police Resident #1 on .

Review of the Police Department Complaint/ Affidavit, identified the vendor's address to be the same as the facility's address. This affidavit further described that on at approximately 11:03 PM, the police and fire rescue responded to a "male" in the facility on , the police identified this male to have been inside the facility, with a neck laceration and the fire rescue personnel pronounced this male to be on at 11:14 PM. Further review of this affidavit indicated that Resident #1 arrived on the scene at the facility and advised the police that he stabbed the male victim and Resident #1 was and transported to the Police Department.

Review of the facility's records indicated that Resident #1 was admitted to the facility on / with diagnosis including , . Review of Resident #1's health assessment dated on / indicated that he needed assistance due to physical or sensory limitations and did not need assistance or supervision with ambulation or transferring. Further review of the facility's records on indicated that the vendor was not listed in the admit/discharge log nor did he have an established resident record kept in the facility.

In an interview with Resident #2 on at 10:50 AM, he stated that he knew the vendor for about a year and a half and that the vendor lived in the shed located on the backyard area of the facility. He stated that the vendor would regularly eat dinner in the facility dining .

In an interview with the caregiver on at 12:05 PM, he stated that he was unaware that the vendor slept in the facility's back porch, inside the shed that was ordered by the city to be taken down. He stated that he was not aware of Resident #1's whereabouts the evening of and that he had not seen the resident since he provided medications for the resident earlier that day at around 8 PM inside the facility. He stated that Resident #1 was not usually monitored or supervised by him, since this resident would regularly go in and out of the facility at all hours of the day, and the facility did not implement a sign in/out procedure for any of its residents. He stated that he did not know where Resident #1 was after 8 PM on and he did not see the resident until after the police found the resident outside of the facility walking the streets on at around 11:30 PM.

In an interview with Resident #9 on at 12:10 PM, he stated that he was fearful of living in the facility due to the event on and because the facility was not physically secured or supervised. He stated that he knew the vendor lived in the facility because he would see the vendor every day but did not know where exactly the vendor slept.

In an interview with Resident #6 on at 12:15 PM, he stated that he would regularly see the

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vendor eat dinner in the facility's dining that the vendor slept in the facility in the shed located in the backyard.

In an interview with Resident #4 on at 12:20 PM, he stated that he knew the vendor for about eight months and would sometimes see the resident get food from the staff in the kitchen. He stated that he knew that the vendor lived in the facility but was not sure where the vendor slept.

In an interview with the facility manager on at 12:20 PM, he stated that the shed that used to be in the backyard was ordered to be removed by code enforcement about one week after the incident on and the facility immediately removed it. He denied knowing that the vendor ate dinner in the facility's dining slept inside this shed. He stated that he knew the vendor came in regular contact with many of the residents immediately outside of the facility but was not aware of the vendor's criminal history. He stated that he was aware of the facility residents' histories, including Resident #1's criminal past, but the facility did not consider any safety measures to ensure a safe and decent living environment. He stated that he was not aware of the level or type of assistance Resident #1 needed as per the resident's health assessment.

In an interview with the manager on at 9:20 AM, he stated that when he removed the shed that was located in the facility's backyard, it contained items that the facility did not have space to store inside, like paint cans and mattresses. He stated that this shed had two mattresses which were placed standing up against its interior wall and these mattresses could have been easily placed on the floor so as a person may lie on them. He stated that the shed had double entry doors and it was unlocked, which made it accessible to anyone.

Review of the Miami-Dade county court database indicated that the vendor had a criminal history involving misdemeanor and felony charges including tampering with physical evidence on , possession on and and grand theft on and . Review of Resident #1's criminal history indicated that he had a criminal history involving misdemeanor and felony charges including battery on an official on and , aggravated assault on , attempted solicitation of a capital felony on , burglary of an occupied dwelling on and unoccupied conveyance on and possession of on and .

In an observation on at 10:25 AM, the facility's south building front-side door, which led into a vacant resident the main living area of the facility, the door frame and latching mechanism were in such disrepair that the door could not be properly latched when closed (as per attached photographs). Further observation of this door indicated that when the door was closed, it could be easily pushed open from the outside without having to grab the door knob.

In an interview with the manager on at 10:45 AM, he stated that he was aware that this

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front-side door was not able to be locked to prevent entry from the outside due to its broken door frame and door latch disrepair.

In an observation on at 10:30 AM, the facility's north building front door did not have a locking mechanism built into the door knob.

In an interview with the manager on at 10:50 AM, he stated that he was aware that this front door did not have a door knob with a locking mechanism in it.

In an observation on at 10:35 AM, the north building's foundation hatch, which measured approximately 2 feet (ft.) by 3ft., did not have an attached security screen to prevent access into the facility foundation crawl space, as per the attached photograph. In an observation at this time in the backyard area located between the south and north buildings there was a concrete area measuring approximately 3ft. by 6ft., next to the outdoor laundry .

In an interview with the manager on at 11:55 AM, he stated that the shed that was removed by the facility after , used to be on top of the concrete next to the laundry that he understood that the foundation crawl space's unfettered access presented to be a facility hazard because persons or pests may enter this space at any time.

Class II

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview the facility failed have adequate supervision from the administrator which led to the lack of proper operation and maintenance of the facility, and lack of proper management of the staff responsible for the direct care of the residents.

The findings included:

In an interview with the facility manager on at 9:45 AM, he stated that the administrator was not available to be onsite for this inspection.

Review of the facility's records on indicated that there was no documentation delegating the facility manager to be in charge in the absence of the administrator.

In an interview with the facility manager on at 12:37 PM, he stated that the facility did not have any personnel records for himself and that he could not provide evidence that he possessed the

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required training and background to serve as a facility manager.

In an interview with the facility manager on at 9:40 AM, he stated that the administrator was not available to be onsite for this inspection. He stated that the alternate administrator had resigned from her position on and he was the only managerial personnel available in the facility.

In an interview with the facility manager on at 10:05 AM, he requested the administrator to come onsite but she declined to do so because she was handling a personal matter and that the facility currently only had 3 employees, including himself and employees B and G. He stated that the facility did not have any personnel records for himself or employee G. He stated that he did not have current confirmation of his background screening results or that he completed current CORE training.

In an observation on at 10:25 AM, the facility's south building front-side door, which led into a vacant resident the main living area of the facility, the door frame and latching mechanism were in such disrepair that the door could not be properly latched when closed (as per attached photographs). Further observation of this door indicated that when the door was closed, it could be easily pushed open from the outside without having to grab the door knob.

In an interview with the manager on at 10:45 AM, he stated that he was aware that this front-side door was not able to be locked to prevent entry from the outside due to its broken door frame and door latch disrepair.

In an observation on at 10:30 AM, the facility's north building front door did not have a locking mechanism built into the door knob.

In an interview with the manager on at 10:50 AM, he stated that he was aware that this front door did not have a door knob with a locking mechanism in it.

In an observation on at 10:35 AM, the north building's foundation hatch, which measured approximately 2 feet (ft.) by 3 ft., did not have an attached security screen to prevent access into the facility foundation crawl space, as per the attached photograph. In an observation at this time in the backyard area located between the south and north buildings there was a concrete area measuring approximately 3 ft. by 6 ft., next to the outdoor laundry .

In an interview with the manager on at 11:55 AM, he stated that the shed that was removed by the facility after , used to be on top of the concrete next to the laundry that he understood that the foundation crawl space's unfettered access presented to be a facility hazard because persons or pests may enter this space at any time.

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Class II

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to provide qualified staff to provide adequate resident supervision on , failed to maintain an accurate work schedule that reflected its 24-hour staffing pattern on and , and failed to maintain the minimum staff hours during the week from to .

The findings included:

Review of the facility's staffing schedule for indicated the following: caregiver B worked from 7:00 AM to 4:00 PM, the facility owner from 7:00 AM to 3:00 PM, administrator from 12:00 PM to 8:00 PM and caregiver C from 8:00 PM to 7:00 AM.

In an interview with caregiver B on at 10:29 AM, he stated that he was the only employee that worked in the facility on during the day and night and into because he switched schedules with caregiver C. He stated that the facility staffing schedule was not accurate.

In an interview with caregiver C on at 11:10 AM, he stated that he did not work on and that the facility staffing schedule was not accurate.

Review of the facility's staffing schedule for indicated the following: caregiver B worked from 7:00 AM to 4:00 PM, the facility owner from 7:00 AM to 3:00 PM, administrator from 12:00 PM to 8:00 PM and caregiver C from 8:00 PM to 7:00 AM.

In an observation during this inspection on , it was noted that the facility owner and the administrator were not in the facility during their scheduled hours of 7 AM to 3 PM and 12 PM to 8 PM respectively.

In an interview with the manager on at 10:15 AM, he stated that the administrator, the facility owner, and caregiver C had all resigned effective on . He stated that the facility did not have an updated and accurate staffing schedule for review. He stated that for the last week, caregiver B worked 24 hours per day, 7 days a week, on his own, to manage the care of the facility's current 12 residents and the administrator still worked in the facility approximately 2 hours per day, Monday to Friday, but she was not available to be onsite at the time.

Review of the facility's total staff hours for the week of to were determined to be 178 hours which did not meet the required 212 total staff hours with a census of 12 residents.

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Class II

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

Based on record review and interview the facility failed to provide complete personnel records for 2 out of 3 employees (Facility Manager and Employee G).

The findings included:

In an interview with the facility manager on at 12:37 PM, he stated that he did not have any personnel records for himself in the facility.

Review of the facility employee records on indicated that there were no personnel records for Facility Manager and Employee G.

In an interview with employee G on at 9:45 AM, he stated that he had been working in the facility for about three months and that he completed a background screening on . He stated that the facility did not maintain a personnel record for him.

In an interview with the manager on at 10:05 AM, he stated that the facility did not have employee records for employee G or himself.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file an adverse incident report with the Agency within 1 business day.

The findings included:

In an interview with the manager on at 10:00 AM, he stated that the facility relied on the facility consultant, who was not an employee, to file the adverse incident report stemming from the event on involving the of Resident #1 and the of the vendor.

Review of the facility's (one day) adverse incident report dated on indicated that a vendor was found from his neck inside the facility on by caregiver B and that Resident #1 was for this offense.

In an interview with the manager on at 11:45 AM, he stated that the facility submitted the (one

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day) adverse incident report to the Agency on because he had difficulties entering the adverse incident information into the Agency's online system.

In an interview with the manager on at 3:01 PM, he stated that the facility did not have incident investigation available for review relating to the event on .

Class III

0190-Administrative Enforcement 58A-5.033(1-2) & (3)(b) FAC

Based on observation, record review and interview, the facility did not cooperate with Agency personnel to conduct a complaint inspection with allegations relating to resident , quality of care and treatment, and licensure requirements.

The findings included:

In an interview with the facility manager on at 9:45 AM, he stated that the administrator was not available to be onsite for this inspection. During this inspection on , the administrator was not onsite nor did she contact the Agency after a telephone message was left for her on .

In an interview with the facility manager on at 9:40 AM, he stated that the administrator was not available to be onsite for this inspection. He stated that the alternate administrator had resigned from her position on and he was the only managerial personnel available in the facility.

In an interview with the manager on at 9:40 AM, he stated that he notified the administrator by telephone that her cooperation with the Agency's inspection was requested, but the administrator was not able be onsite due to a personal issue. He stated that he provided the administrator with the Agency personnel's contact telephone numbers and that alternate administrator previously from the facility on .

In an interview with the facility manager on at 10:05 AM, he had requested the administrator to come onsite but she declined to do so because she was handling a personal matter. He stated that he did not have current confirmation of his background screening results or that he completed current CORE training.

Class II

L241-LMH - Records 58A-5.029(2) FAC

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Based on record review and interview the facility failed to have a completed community living support plan for one of twelve (Resident #1) sampled residents.

The findings included:

Review of the Resident #1's community living support plan dated on indicated that the facility was responsible to coordinate the resident's medical appointments, monitor the resident's mental health status and manages the resident's medications, and this document did not contain any resident or facility signatures to represent its completion and understanding among the parties.

In an interview with the facility manager on at 12:20 PM, he stated that the facility did not have a completed community living support plan for Resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Greenview Ii Alf, Inc
2650 Nw 15th Avenue
Miami, FL 33142

RE: CCR #2015001527

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 4, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Juan C. Riverol, owner
And/or Administrator
New Greenview Ii Alf, Inc
2650 Nw 15th Avenue
Miami, FL 33142

Dear Juan C. Riverol:

This letter reports finding of a complaint investigation conducted on , 2015 and conclude on , 2015 by representatives of the Agency for Health Care Administration. **You are directed to comply with the tangible steps outlined below in order to correct the deficient practices.** Attached are the deficiencies noted in the investigation.

The investigation resulted in findings of noncompliance with the following areas:

1) A 030 – Resident Care – Rights and Facility Procedures – Class II:

- The facility must hire a professional and licensed locksmith to ensure all of its doors leading to the outside or exterior of the facility have locking mechanisms. The locking mechanisms of these doors need to have keyed access from the exterior and tumbler knob from the interior to allow its occupants to readily exit the facility in case of an emergency without needing to use a key to unlock the doors. **This work must be completed within 10 days of receipt of this document on or by / .**

- The facility must develop policies and procedures to be implemented by all of its employees that will operationalize the use and maintenance of the newly installed locking exterior doors in the facility. These policies and procedures must designate specific responsibility to every employee for the observation and supervision of every resident to ensure their safety and wellbeing in the facility. This shall include, but will not be limited to, sufficient facility documentation to inform the facility of residents' whereabouts when residents decide to go offsite and specific requirements for visiting guests of the facility that will ensure the safety and wellbeing of every resident. **This requirement must be completed, executed and operationalized by all the facility staff within 10 days of receipt of this document on or by / .**

- The facility must ensure that all of its exterior and interior living spaces meet local building and life safety codes. **This compliance must be completed within 10 days of receipt of this document on or by / and the facility must provide written documentation from the City of Miami building department, code enforcement and fire rescue certifying that the facility is compliant with all exterior and interior building**

requirements.

- The facility must ensure that it is operating in a sanitary manner by meeting local and State health and sanitation standards. **This compliance must be completed within 10 days of receipt of this document on or by / / and the facility must provide written documentation from the Miami Dade Health Department that the facility has met all sanitation standards with satisfaction.**

2) A 077 – Staffing Standards – Administrator – Class II:

- The facility must establish supervision from an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by State regulations. The facility's administrator must possess all the required training and credentials necessary as per State regulations, and the facility must establish an separate individual serving as a manager or alternate administrator, who must satisfy the same qualifications, background screening, CORE training and competency test requirements, and continuing education requirements of an administrator as per State regulations.
  The facility owner(s) must notify the Agency Central Office of the change in the facility administrator on the Notification of Change of Administrator form. AHCA Form 3180-1006 within 5 days of receipt of this document on or by .

3) A 079 – Staffing standards – Levels – Class II:

- The Agency has determined that the facility's staffing had not met the residents' needs and the facility is immediately required to provide increased direct care staff. During the daytime and evening shifts, continuously from 7am to 11pm, the facility must employ 2 direct care staff members and 1 direct care staff member for the overnight shift of 11pm to 7am. The facility must also ensure that at least one staff member that is currently trained in first aid and is always on shift. These direct care staff members must also currently satisfy every required qualification, including background screening, competency test requirements, and continuing education requirements to meet their position descriptions as per State regulations. **This requirement is to be met immediately upon receipt of this document.**

4) A 161 – Records – Staff – Class III:

- The facility is required to maintain at all times, every staff members' completed employee record. These employee records must contain a copy of the employment application, with references furnished, documentation verifying freedom from signs or symptoms of communicable , documentation of background screening, if applicable, documentation ot compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under State regulations.
  The facility must also have documentation verifying direct care staff and administrator participation in resident elopement drills and must maintain the written work schedules and staff time sheets for the most current 6 months. **This requirement must be met within 5 days of receipt of this document on or by .**

5) A 165 – Risk Management and Quality Assurance - Class III:

- The facility is required to maintain and report to the Agency adverse incident reports. The facility must provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the Agency on all adverse incidents specified in State regulations. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. Furthermore, the facility must provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the Agency on all adverse incidents specified in State regulations. **This 15-day report must include the results of the facility's investigation into the adverse incident and it must be received within 15 days after each and every adverse incident.**

6) A 190 – Administrative Enforcement – Class II:

- The facility and all its staff members must at all times cooperate with the Agency in any and all inquiries relating to the facility's licensure requirements. It remains the facility's continual responsibility to inform and educate all of its staff members of the State regulations governing the facility and their individual requirement to not interfere or obstruct in every Agency-led inquiry of the facility. **This requirement must be met immediately upon the receipt of this document.**

7) A L241 – LMH - Records – Class III:

The facility must establish a completed community living support plan (CLSP) for every one of its mental health resident as per State regulations. Every resident CLSP must include:

- The resident's specific needs and how these will be met in order to enable the resident to live in the facility and the community.
- The specific clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services.
- The additional services and activities to be provided by or arranged for by the mental health care provider to meet the resident's needs, and the frequency and duration of such services and activities.
- The specific of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in this plan that have been provided or arranged for by the resident's mental health care provider.
- The description of other services to be provided or arranged by the facility.
- The list of specific factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services.
- This CLSP must be in writing and signed by each mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager, and a copy placed in the resident's record. If the resident refuses to sign this CLSP, the resident's mental health case manager must add a statement

New Greenview Ii Alf, Inc
, 2015

that the resident was asked but refused to sign this CLSP.
Must include any and all other requirements as per State requirement. **This requirement must be met within 5 days upon the receipt of this document on or by**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 or Verlande Exil, Health Facility Evaluator Supervisor, at 305-593-3100.

AMD:ve

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

NEW GREENVIEW II ALF, INC. dba New Greenview II ALF
2650 NW 15TH AVENUE
MIAMI, FL 33142
Attention: Ileana Marin, Administrator

Dear . Marin:

Representatives from the Agency for Health Care Administration visited your facility on and as part of an ongoing complaint survey. **As part of the survey process, you are directed to produce the following documents by 5:00 PM on** :

1. A copy of your facility's current lease agreement showing the current monthly rent and terms for lease of the property located at 2650 NW 15th Avenue, Miami, FL.

2. Banking/financial records for the last 6 months (dating back to 2014) demonstrating payment of the lease/rental for the property above. The account numbers and any social security numbers in the financial records may be redacted but the account holder information and all payee information must be legible.

3. All payroll records for the last 6 months (dating back to 2014) for employees of your facility. The account numbers and any social security numbers in the payroll records may be redacted but the account holder information and all payee information must be legible.

4. A copy of any Bill of Sale, Contract for Sale, or other document reflecting the purchase, sale, or transfer of any stock or share in New Greenview II ALF, Inc. from 2014 to date.

Should you have any questions, please contact Laura Manville, Assisted Living Enforcement Team Manager at 727-552-1955 or Verlande Exil, Assisted Living Supervisor at 305-593-3151.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

3-4-2015
2:33pm

2727 Mahan Drive • Mail Stop #
Tallahassee, FL 32308
AHCA.MyFlorida.com

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