STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968662	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kendall Alf 1 Llc	9700 Sw 106th Ct Miami, FL 33176	
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint (CCR# 2015001220) survey was conducted 16- , 2015. Kendall ALF 1 Llc 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 Assisted Living Facility failed to have a completed health assessment (AHCA form 1823) for one (#1) out of two sampled residents within 60 days before admission or 30 days following admission.

Findings include:

Record review of Resident #1's file revealed that Resident #1, admitted to facility on / , had no health assessment available for reviewing at time of the survey.

In an interview with administrator on at 1:04 PM, the administrator reported that Resident #1's daughter has not brought the resident to the doctor to complete the health assessment.

Additional interview with administrator on at 1:22 PM revealed that she did understand that facility did not have documentation that showed Resident #1 needs.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to have physical restrains limited to the use of half-bed rails for one (#2) out of two sampled residents.

Findings include:

Observation on at 10 am found Caregiver B was alone in the facility with a Resident #1, Resident #2 and a day care participant. Resident #2 was sitting in their wheelchair in the living; restrained to the wheelchair with a hospital gown tied on the back of the wheelchair.

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In an interview with the manager on at 10:35 AM, the manager reported that they needed to use that type of restrain with Resident #2 to avoid physical injury because he used to from the wheelchair. He bought a recliner chair where they sat his father and he did not from there but while on the wheelchair he slipped down.

In an interview with Caregiver_B revealed on at 11:34 AM that she restrained Resident #2 with the hospital gown to the wheelchair because she was alone at that moment in the facility and did not want Resident #2 to from the wheelchair.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have a written statement from a health care provider documenting that one (Caregiver_A) out of for staffs does not have any signs or symptoms of communicable including .

Findings include:

Record review for Caregiver_A's personal file revealed that Caregiver_A, hired on / , and did not have in record a written statement from a health care provider documenting that Caregiver_A did not have any signs or symptoms of communicable including .

In an interview with administrator on at 1 PM revealed that she did not have physical examination (written statement from health care provider that documented free of signs or symptoms of communicable including) for Caregiver_A.

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to have an accurate written work schedule.

Findings include:

On at 10 AM Caregiver_B was alone in the facility with a Resident #1, Resident #2 and a day care participant.

Record review of staffing pattern for 2015 revealed that Employee_A and Employee_C were scheduled for working 7 AM-7 PM. Employees' description revealed that Employee_A could be Administrator, Manager, Caregiver_B, or Caregiver_A while Employee_B could be Administrator, Caregiver_B, or Caregiver_A.

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In an interview with administrator on at 10:40 AM revealed that she stepped out of the facility to go the pharmacy.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to have the minimum of two hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for staff responsible for the facility's food service.

Findings include:

Observation on at 12:10 PM revealed that Caregiver_B prepared and served lunch to Resident #1.

Record review for Raregiver_A ' s personal file revealed that there was no written documentation on record that demonstrated Caregiver_A took a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

In an interview with administrator on at 1:30 PM revealed that she did understand that facility did not have documentation on record that demonstrated Caregiver_A took a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Kendall Alf 1 Llc
9700 Sw 106th Ct
Miami, FL 33176

RE: CCR #2015001220

Dear Administrator:

This letter reports the findings of a complaint 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) 5983-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMd:KB
Enclosure
XG90

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