

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965431	(X3) DATE SURVEY COMPLETED 03/02/2015
NAME OF PROVIDER OR SUPPLIER Alf Family Palace Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 7521 West 30th Lane Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on _____, 2015. ALF Family Palace Corp. had a deficiency at time of survey.

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

Based on record review and interview facility failed to document on an annual basis that registered nurse contracted by facility to provide limited nursing services is free from signs and symptoms of _____.

Findings included:

Record review of registered nurse contracted by facility to provide limited nursing services revealed that the last physical exam was done on _____ and Registered Nurse was free of _____ including _____.

At 10:00 am on _____ facility administrator stated that he is going to talk to the nurse to ask her for a new _____ test result and that he will have ready when AHCA comes back.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2015

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey that was conducted on January 16, 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) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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



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