STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	03/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ailin Living Facility	7005 W 16th Ave Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-03/05/2015
0052-Medication - Assistance With Self-Admin-03/05/2015
0079-Staffing Standards - Levels-03/05/2015
0152-Physical Plant - Safe Living Environ/other-03/05/2015

Revisit Repeat Tags:
0080-Training - Core & Competency Test-58a-5.0191(1) Fac

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on 03/05/2015. Ailin Living Facility Assisted Living Facility had deficiencies at time of the survey.

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

Based on record review and interview the facilities current administrator supervises more than three facilities and did not appoint a CORE trained manager for the facility.

Finding included:

On at 3:08 PM Administrator stated, I just completed a review of the Core training and will be taking the test next week. We sent out a Notification of Change of Administration listing Staff C. as our new Administrator. Once my spouse and I pass the test them we will re-do the administrator paper work.

On at 3:20 PM record review using Florida Health Finder for Staff C. revealed Staff C. is listed on three other Assisted Living Facilities (ALF) as the Administrator.

On at 3:25 PM Administrator stated, " I didn ' t know Staff C. administered more than three ALF ' s, we have the paperwork for a new Administrator and she told us she is not managing any other ALF ' s we will send the Notification of Change of Administrator today. "

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on personnel record review and staff interview the assisted living facility failed to ensure that facility had an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	**03/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ailin Living Facility	**7005 W 16th Ave Hialeah, FL 33014**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Administrator who completed the CORE training of competency test documentation in record.

Findingd Include:

Record review on at 3:05 PM revealed the facility's administrator (hired did not have a CORE training competency passed test .

On at 3:08 PM Administrator stated, I just completed a review of the Core training and will be taking the test next week. We sent out a Notification of Change of Administration listing Staff C. as our new Administrator. Once my spouse and I pass the test them we will re-do the administrator paper work.

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ailin Living Facility
7005 W 16th Ave
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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