STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968047	03/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tropical Alf (the)	8495 Sw 40 Terr Miami, FL 33155	
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2015. The Tropical ALF 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 facility failed have a completed health assessments for 2 out of 3 (#1 & 3) sampled residents.

Findings included:

Record review on at 10:00 am revealed that Resident #1 was admitted on and Resident #3 was admitted on / /. Furthermore, Resident #1's Form 1823 was dated and Resident #3's Form 1823 was dated / /. Record review on at 10:30 am revealed that Residents #1 and 3 health assessments did not document if the residents required 24 hours nursing/ supervision or not .

Interview with Staff A on at 12:05 pm she revealed that doctors did not fill Residents #1 & 3 Form 1823 completely.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed have a weights recorded at admission for 2 out of 3 (#1 & 3) sampled residents.

Findings included:

Record review on at 10:00 am revealed that Resident #1 was admitted on and Resident #3 was admitted on / /. Record review on at 10:30 am revealed that Residents #1 and 3 did not have weight documented on the Form 1823 and/or facility's file.

Interview with Staff A on at 12:05 pm she revealed that doctors did not fill Residents #1 & 3 form 1823 completely.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tropical Alf (the)
8495 Sw 40 Terr
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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
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