STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966979	03/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mery Alf #2 Corp	3259 Sw 141 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility 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 .. Mery ALF #2 Corp. had the following deficiencies found at time of the survey:

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

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its correct staffing pattern for a given time period.

Findings included:

On at 8:26 AM found Staff C was working at the facility alone.

On at 9:00 AM record review of the facility's staffing schedule for showed Staff A (Administrator) and Staff C (Care Giver) were supposed to be working in the facility from 7:00 AM to 7:00 PM

On at 1:00 PM the Administrator stated she was going to make sure that the schedule was corrected.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to have a 3-day supply of non perishable food, based on the number of weekly meals the facility serve has contracted with residents to serve, for a census of five residents on hand at all times.

Finding included:

On at 8:26 AM found the emergency food closet contained expired emergency food for half of the food that was there. The cans found expired were on .

On at 1:00 PM the Administrator stated that those cans were supposed to be disposed prior

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to my arrival because they check that constantly and they purchase the food frequently.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, record review and interview the facility failed to have the following required items: An annual Sanitation Inspection:.

Findings included:

On at 8:26 AM record review determined the facility's last sanitation inspection was dated .

On at 9:30 AM, the Administrator acknowledged the facility failed to have a sanitation inspection completed annually. On at 1:15 PM the Administrator stated she was going to try to get the new inspection as soon as possible.

Class III

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

Based on record review and interview the facility failed to ensure 1 out 5 (#1) sampled residents had a Power of Attorney (POA), Surrogate, or Guardianship documentation in their charts.

Findings included:

On at 10:45 AM record review found Resident #1 family member signed his documents without a POA, Surrogate, or Guardianship completed.

On at 1:00 PM the Administrator stated that she was going to try and get a POA as soon as possible for the resident's file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mery Alf #2 Corp
3259 Sw 141 Avenue
Miami, FL 33175

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

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