STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967828	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW GREENVIEW II ALF, INC	2650 NW 15TH AVENUE MIAMI, FL 33142	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Investigation (#2015001527) survey revisit was conducted on and concluded on New Greenview II ALF, Inc had deficiencies found at time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview, the facility failed to provide all the residents with general supervision and oversight by not having any procedures in place to monitor the residents' whereabouts throughout the day or night. The facility did not maintain the residents' overall wellbeing and safety by not restricting the entrance of uninvited individuals into the facility through residents'
The findings included:
In an observation on at 10:15 am, the facility's south building had two resident which had doorways leading to the outside of the facility. In an observation at this time, the two resident which had doorways leading to outside of the facility had both doors unlocked and provided physical access into the facility from the outside. In an observation at this time, there was chain-linked fence surrounding the facility perimeter with an east-facing gate which did not have any locking mechanism.
In an interview with the Manager on at 10:25 am, he stated that besides the facility's front doors in each of its two buildings, the south building had two resident and the north building had one resident had doorways leading to the exterior and that none of the residents living in those or staff members were instructed on how or when to maintain those doors locked, so as to prevent the residents to leave without staff knowledge or to not allow uninvited guests inside the facility. He stated that the resident with accessible exterior doorways may be left unlocked by any resident using them and that the facility staff did not monitor the doorways at any time during the day or night. He stated that it was possible for residents to leave the facility at any time during the day or night, similarly as when Resident #1 left the facility on without staff knowledge, because the locking handles on those doorways may be unlocked by anyone inside the resident
In an interview with the Manager on at 10:45 am, he stated that the facility did not develop any policies and procedures to implement or operationalize the newly installed security locking door handles in the three resident with doorways leading to the outside of the facility. He stated that the facility did not provide directions or procedures to any of its staff or residents to prevent or restrict entry of any individuals through these doorways at any time. He stated that the facility did not implement any measures to ensure the safety, wellbeing and to monitor the whereabouts of the residents, including maintaining a resident sign in/out log, considering that the facility had three entry/exit doorways located inside the residents'
In an interview with Resident #10 on at 10:35 am, he stated that he slept in the facility's south building, in the had the south-facing door leading to the outside and that he was not aware of any directions or procedures set forth by the facility that prevented or restricted entry of any individuals through his 's doorway at any time. He stated that his , Resident #11, used that doorway regularly to go outside to smoke and that he usually sees several residents go in and out of this doorway throughout the day and night time. He stated that he did not keep track of every individual going in and out through this doorway.
In an interview with the Administrator on at 11:00 am, she stated that the facility did not develop any policies and procedures to implement or operationalize the newly installed security locking door handles in the three

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0025 Continued From page 1

resident with doorways leading to the outside of the facility. She stated that the facility did not provide directions or procedures to any of its staff or residents to prevent or restrict entry of any individuals through these doorways at any time. She stated that the facility did not implement any measures to ensure the safety, wellbeing and whereabouts of the residents, including maintaining a resident sign in/out log, considering that the facility had three entry/exit doorways located inside the residents'

In an interview with Caregiver B on at 11:45 am, he stated that he was not aware of any specific directions or procedures set forth by the facility for him to prevent or restrict entry of any individuals through the outside-leading resident at any time. He also stated that he was not aware of any procedures to ensure residents must sign in or out whenever they chose to leave the facility at any times, so as to maintain knowledge of their whereabouts.

In an observation on at 12:30 pm, the facility's north building had one resident had a doorway leading to the outside of the facility. At this time, this doorway was open and there were no residents or staff nearby to monitor this doorway leading into this resident the rest of the facility's north building.

In an interview with Resident #2 on - at 12:35 pm, he stated that he slept in the facility's north building, in the had the north-facing door leading to the outside and that he was not aware of any directions or procedures set forth by the facility that prevented or restricted entry of any individuals through his 's doorway at any time. He stated that he slept alone in this that he locked this door at night whenever he remembered, but there were times which other people used this doorway to come in or out of the facility.

In an interview with Resident #11 on - at 12:40 pm, he stated that he was not aware of any directions or procedures set forth by the facility that prevented or restricted entry of any individuals through his 's doorway at any time. He stated that he usually went in and out of this doorway without restrictions and that several residents also used this doorway. He stated that he usually locked this doorway from the inside at around 9 pm, but sometimes residents would knock on the door to enter his , which led into the facility south building after 9 pm and he would allow them to enter and leave. He said other residents would use the doorway inside his go in and out of the facility and that there may be times when he would not be aware of the persons coming and going through this doorway because he was not there all the time or he would be sleeping.

In an interview with the Manager on - at 1:40 pm, he stated that he understood that the facility did not follow the Agency's directed plan of correction dated on to ensure all the residents, some of which had no or decreased safety awareness due to their mental health diagnoses, had adequate oversight and that the facility did not prevent the entrance of uninvited individuals into the facility at all times.

Uncorrected Class III Deficiency

L241 - LMH - Records - 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have a completed community living support plan for 1 of 12 (Resident #2) and failed to have an updated community living support plan for 1 if 12 (Resident #8).

The findings included:

Review of the Resident #2's community living support plan dated on - indicated that the facility was responsible to coordinate the resident's medical appointments, monitor the resident's mental health status and manages the resident's medications, and this document did not contain any resident or facility signatures to

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L241 Continued From page 2

represent its completion and understanding among the parties.
Review of the Resident #8's file indicated that the most current community living support plan available was dated on [redacted]. Further review of the resident's record indicated that there was no current or updated community living support plan.
In an interview with the facility's Manager on [redacted] at 1:30 pm, he stated that the facility did not have a completed community living support plan for Resident #2 or an updated community living support plan for Resident #8.
Uncorrected Class III Deficiency

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967828	A. Building B. Wing	3/25/2015

Name of Facility

NEW GREENVIEW II ALF, INC

Street Address, City, State, Zip Code

2650 NW 15TH AVENUE
MIAMI, FL 33142

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # LSC **58A-5.0182(6) FAC; 429.28**		ID Prefix **A0077** Reg. # LSC **429.176 FS; 58A-5.019(1) F**		ID Prefix **A0079** Reg. # LSC **58A-5.019(3) FAC**	
ID Prefix **A0161** Reg. # LSC **429.275(2) FS; 58A-5.024(2**		ID Prefix **A0165** Reg. # LSC **429.23(1-4 & 6-10) FS; 58A**		ID Prefix **A0190** Reg. # LSC **58A-5.033(1-2) & (3)(b) FAC**	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Greenview Ii Alf, Inc
2650 Nw 15th Avenue
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a Complaint Investigation revisit survey conducted on 24, 2015 and concluded on , 2015 by 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:ve
Enclosure

BBT7

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Miami, FL 33166
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