STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965316	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LEO MAY ALF	3666 SW 5TH TERRACE MIAMI, FL 33135	

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

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review and interview the facility failed to notify the agency of a change in capacity.

Findings Included:

On at 9:35 PM during the tour revealed that there were 16 residents in the facility; two residents were found in the facility back yard. Resident#1 sleeps in a sofa in the dining and the resident #2 sleeps in the terrace, outside in the backyard. Resident#2 has been in the facility for fourteen years but for the last two year, resident shows that he sleeps in a dirty sofa. These residents were hiding in the backyard of the facility.

On at 8:26 AM, during an interview with Resident #1 he stated, " I have been living here for five months, but I have been in and out several times because I like to go to another facility also. I used to sleep in # , but all of the sudden they put me to sleep on a sofa in the dining ".

On at 8:32 AM, Resident #2 stated, " I have been sleeping in the porch for I think two years, because I take care of the administrator's staff. The administrator suggested me that I should sleep outside, to take care of the patio. Sometimes they let me sleep on the sofa that is inside the house. "
Record review of the facility posted license revealed the facility is licensed for a capacity of 14 residents.

Record review of resident #1's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were not signed either dated by resident or his representative.
Record review of Resident #1 health assessment signed and dated on , Known : NKA, Medical History and diagnoses: , Physical or sensory limitations: None, or behavioral status: Unreadable. Nursing/treatment/ service requirements: Universal, Special Precautions: Universal. Activities of Daily Living (ADL): Ambulation, Bathing, Dressing, Eating, Self-Care ( ), Toileting, And Transferring: all are Independent. Special diet: Regular.

Record review of resident #2's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were signed and dated on by resident or his representative.
Record review of Resident #2 health assessment signed and dated on , Known : Unknown, Medical History and diagnoses: Chronic , Physical or sensory limitations: None, or behavioral status: Stable. Nursing/treatment/ service requirements: Supervision, Special

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

Z827 Continued From page 1

Precautions: Supervision. Activities of Daily Living (ADL): Ambulation, Bathing, Eating, Toileting, And Transferring: all are Independent. Dressing and Self Care ( ): Need Supervision. Special diet: Regular/Low/Fat .

On at 1:00 PM during the interview with the Administrator, when explained the findings, she stated that she knew that the facility was over capacity but she did it because of the economic situation.

Unclassified

0000 - Initial Comments

A Complaint Survey (CCR#2015001761) was conducted on and Leomay ALF., Inc. had the following deficiencies found at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation, record review and interview, the facility failed to have the following required items:

An annual fire inspection.

Findings included:

On at 8:35 PM during the tour was observed the the fire inspection posted on the board.

On at 11:00 AM during record review was found that the fire inspection posted on the board had expired on .

On at 1:30 PM during an interview with the administrator she stated, that the facility is working to correct the violations mentioned above.

Class III

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC

Based on record review and interview the Assisted Living Facility failed to a copy of the facility resident contract for 1 out of 8 sampled residents (#1).

Findings included:

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LEO MAY ALF	3666 SW 5TH TERRACE MIAMI, FL 33135	

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

0009 Continued From page 2

On at 11:30 AM during record review of resident #1's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were not signed either dated by resident or his representative.

On at 1:15 PM during an interview with the Administrator she stated, that she had forgotten to have the resident sign all those papers.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interviews, it was determined the facility failed to honor resident ' s rights by living in a safe and decent living environment and dignity and privacy by allowing residents to sleep on the couch and the outside terrace for two out of eight residents (resident #1 and #2).

The findings included:
Observation on at 9:35 PM during a tour of the facility; two residents were found in the facility back yard. At the time of the observation, the facility's backyard was dark with low visibility, with the assistance of a flash light; the Employee B continued the tour only to find blankets hanging in the back yard. After observing movements behind blankets, the hanging blankets were moved to observe shadows. Further observation of the shadows found, two residents facing the back yard not moving. It was then determined the facility was over capacity and the residents were in fact hiding.
Further observation found that resident #1, sleeps on a sofa in the dining Resident #2, sleeps in the terrace. Resident #1 showed that he sleeps in a dirty sofa on the facility outside terrace. [Photo Taken] Interview during tour with Employee B, the caregiver replied " No Comment " when asked about the resident living situation.
On 10:00 PM, the Administrator stated that she was aware that the facility was over capacity.
During the second tour on at 8:08 AM, the large back yard was observed to be full of garbage and debris (Pictures).
Interview with Resident #1 on at 8:26 AM, he stated, " I have been living here for five months, but I have been in and out several times because I like to go to another facility also. I used to sleep in # , but all of the sudden they put me to sleep on a sofa in the dining ".
On at 8:32 AM, Resident #2 stated, "I have been sleeping in the porch for I think two years, because I take care of the administrator's staff. The administrator suggested me that I should sleep outside, to take care of the patio. Sometimes they let me sleep on the sofa that is inside the house."
During an interview on at 9:15 AM, with Employee B stated, "I have been working in this facility since 2010. During the day there is one staff and cook, and during the night one person. I live in the facility and I work

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SUMMARY STATEMENT OF DEFICIENCIES
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0030 Continued From page 3

very hard. I do not have a specific shift. We have had 16 residents for a couple of months. "When asked about the additional two resident sleeping arrangements Employee B stated "I do not want to comment on that."
During an interview on at 9:25 AM, Employee C stated " I have been in this facility for a couple of weeks. My schedule is from 7:00 AM to 5:00 PM and sometimes I cover at night. " Employee C did not want to comment on the additional residents.
During an interview on at 8:26 AM, Resident #1 stated this facility usually has the same amount of residents that we have now.
During an interview on at 8:32 AM, Resident #2 stated sometimes there are more residents, but sometimes are only the same than today.
During an interview on at 8:44 AM, with Resident #3, she stated, the facility always has the same amount of resident that we are here now.
During an interview on at 8:52 AM, with Resident #4, he stated, the same amount of resident that we have now.
During an interview on at 9:02 AM, with Resident #5, he stated, I think the residents are always the same amount.
During an interview on at 9:10 AM, with Resident #6, he stated, there have been less residents and sometimes more.
During an interview on at 9:35 AM, with Resident #7, I do not know how many residents but always are the same.
During an interview on at 10:00 AM, with Resident #8, I think there is the same amount of residents all the time.

Record review of Resident #1 health assessment signed and dated on / assessed the resident of being independent of Activities of Daily Living but needs assistance with Self-Administration of Medication. Further record review found the resident did not have the necessary admission package documentation.

Record review of resident #2's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were signed and dated on by resident or his representative.

Record review of Resident #2 health assessment signed and dated on found the resident needed Supervision of general whereabouts. Activities of Daily Living (ADSL): Ambulation, Bathing, Eating, Toileting, And Transferring: all are Independent. Dressing and Self Care ( ): Need Supervision. The resident also needed assistance with self administration of medication.
During an interview on at 10:27 AM, the Administrator stated, I have been the owner and the administrator of this facility since 1998, and I never had any problems with over capacity. I did that because of the economic

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SUMMARY STATEMENT OF DEFICIENCIES
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0030 Continued From page 4

situation during this time. I have three staff members including myself, and two at night. My shift is 24 hours a day. I was aware that resident #2 was sleeping outside, in the porch, I have told him several times that he has to sleep inside but he does not want to do it. Resident #2 has told me that he like to sleep in the sofa in the dining I cannot do too much about that.

Class II

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 16 residents on hand at all times.

Finding included:

On at 8:45 PM during tour the emergency food closet contained half of the emergency food supply expired. The can found expired were dated .

On at 1:00 PM during the interview with administrator, stated that those cans were supposed to be disposed prior to my arrival, because they check that constantly and they purchase the food frequently.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

On at 8:08 AM during the tour was observed that there was debris in the backyard, and there were broken pieces of woods, floor tiles, a broken door, and more.(backyard).

On at 1:00 during an interview with the Administrator, she stated, "I have all those debris there because I am waiting for the truck that picks up all the big garbage.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Continued From page 5

Based on record review and staff interview the assisted living facility failed to ensure that 1 out of 3 (staff C) sampled staff members have a completed level 2 background screening prior to providing care to residents.

Findings included:

Enployee record review on at 12:45 PM, revealed that Staff C(hired on /) did not have a current result on their background screening in their files

Review Staff C background screening on the agency's database found the staff memeber was "Not Eligible"

On at 1:00 PM during an interview with the administrator, she acknowledge the findings and she stated that she was going to take care of it as soon as possible.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Leo Alf
3666 Sw 5th Terrace
Miami, FL 33135

RE: CCR # 2015001761

Dear Administrator:

This letter reports the findings of a state 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 Kristal Branton, Health Facility Evalautor Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure 2015001761
XG90

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B. P

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

|, 2015

Administrator
Leo Alf
3666 Sw 5th Terrace
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a complaint (CCR# 2015001761) inspection survey conducted on 17-18, 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) on or before , |, 2015.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Directed Corrective Actions:

1. The Assisted Living Facility is required to submit a plan outlining how the facility will discharge their two residents whom exceeds their license capacity. The facility will also ensure they do not exceed their licensed capacity for the life of their license.
2. The Assisted Living Facility is required to clean and dispose of all debris located in the facility's backyard. The facility must develop and implement a policy detailing the facility's maintenance procedure as well as documenting a cleaning schedule in which staff to sign off as having completed. The policy should include the procedure for cleaning the facility's back terrace, the dining , and the area in which the facility's medication is held.
3. The Assisted Living Facility is required to ensure all current staff is in compliance with the agency's background screening requirement as well as potential employees are screened prior to starting work at the facility.
4. The Assisted Living Facility is required to ensure all current resident have an assigned | comfortable beds, closet or wardrobe pace for hanging clothes, a dresser,

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Leo Alf
, 2015

chest, or other furniture for storage of clothing or personal effects and a comfortable chair, if requested.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Kristal Branton, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb

D7JR

Basilia Pinto
04/01/15 4:19 PM

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

B - P

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