STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966482	03/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GENESIS I ALF, INC	1445 NW 116 TERRACE MIAMI, FL 33167	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on - I- . Genesis I ALF Inc had the following deficiencies found at time of survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview facility failed to have one out of two sampled employees have documentation of a negative examination on an annual basis and one out of two sampled employee have a freedom from communicable including statement within 30 days of employment.

Findings included:

1. Record review found that employees A (Administrator, started on) last negative documentation wass dated / . Further review found employee B (caretaker, hired on) there was no evidence of having a freedom from communicable statement within 30 days of employment.

2. Interview with the Administrator on - I- at 3:00 pm, she confirmed the findings in regards that both employees did not have up to date physicals in their files at the time of the visit.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview facility failed to the facilitiy's administrator receive 12 hours in continuing education in topics related to the assisted living facility. .

Findings includes:

1. Record review revealed employee #A (Administrator started on -) did not have her 12 hours of continuing education in topics related to assisted living facility.

2. Interview with the administrator on - I- at 1:00 pm, confirmed that she did not have her 12 hours of continuing education in topics related to assisted living..

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview facility failed to have two out of two sampled employees did not have their up to date training's in the areas for Assistance with Self-Administration of Medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966482	03/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GENESIS I ALF, INC	1445 NW 116 TERRACE MIAMI, FL 33167	

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

0084 Continued From page 1

Findings included:

1. Record review revealed that employees A (Administrator hired on -) and B (Caretaker, hired on) did not have documentation of continuing education in Assistance with Self-Administration of Medications. The last dated training for Employee A & B was /

2. Interview with the Administrator on - - at 3:00 pm, she confirmed the findings in regards that both employees did not have up to date training's for Assistance with Self-Administration of Medications in their files at the time of the visit.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview facility failed to have two out of two sampled employees did not have their up to date training's in the areas for Nutrition and Safe Food service.

Findings included:

1. Record review revealed that Employees A (Administrator) and B (Caretaker) did not have continuing education in Nutrition and Safe Food Handling.Employee A (Administrator hired on) last training in this area was on . Employee B's (Caretakerm hired on) last training was dated .
2. Interview witht the Administrator on / at 3:00 PM, she confirmed the findings in regards that both employees did not have up to date training's for Nutrition and Safe Food service in their files at the time of the visit.

Class III

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

Based on record review and interview facility failed to have an satisfactory health inspection on an annual basis.

Findings included:

1. Record review revealed that the last Health Department Report was dated /, there was no additional health inspection report at time of survye.

2. Interview with the administrator on / at 2:00 pm, she confirmed the findings in regards to not having an up to date Health Department Inspection document on file at the time of the visit.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966482	**03/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GENESIS I ALF, INC	**1445 NW 116 TERRACE MIAMI, FL 33167**	

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

0160 Continued From page 2

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Genesis I Alf, Inc
1445 Nw 116 Terrace
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a standard biennial 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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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