STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967532	**03/30/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
KENDALL ALF INC	**10951 SW 93 STREET MIAMI, FL 33175**	

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

0000 - Initial Comments

A Complaint Investigation Survey (CCR#2015002755) was conducted on , 2015. Kendall ALF LLC had deficiencies at time of survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review and interview facility admitted a resident that did not meet admission criteria for one out of six sampled residents (resident # 4).

Findings included:

During tour of the facility on , 2015 at 9:10 am observed resident # 4 laying in bed in # .

On , 2015 at 9:10 am caregiver stated that resident # 4 was receiving hospice services.

Record review revealed that resident # 4 was admitted to facility on and admitted to hospice on . Health assessment was done on and states that resident # 4 is non ambulatory and under hospice care and that requires assistance with eating and total care with the rest of the activities of daily living.
On , 2015 at 10:40 am facility administrator stated: " I admitted him because he is my father and he lived upstairs with us and also he was a day care at the facility too. He got in really bad condition and placed him on hospice. I did it because we are always here and we wanted to have him with us. I thought that I could admit him that way because he was into hospice. "
Class III

0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC

Based on record review and interview facility failed to arrange for health care for 1 out of 6 sampled residents (# 6).

Findings included:

Record review of resident # 6 revealed that resident was admitted to facility on and discharged from the facility on . There were no doctor orders for treatment, no list of medications, no health diagnosis.

Administrator stated on interview on , 2015 at 10:05 am: " I told resident's wife to bring me the medication list and she never brought it; she only brought medication bottles but did not bring the ; she did not say that he was ; she said it the next day on Friday morning and I called the pharmacy and they sent me a refill for that same day. She never brought a physician order for home health or for . I told her to speak to her husband ' s doctor and ask him for the orders; she called the resident's former doctor and he told her that the resident had been discharged from him and he would not give the orders. I called our doctor and she could not come to the facility. I even called the nurse that used to take care of him from the home health agency and she said

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SUMMARY STATEMENT OF DEFICIENCIES
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0027 Continued From page 1

that she could not come because she had no orders because he had been discharge from the home health when he went to the hospital. When I saw that there was no solution for the problem I decided to send him to the hospital so that a doctor could see him and get orders. I had the nurse that comes to take care of the other resident to check his sugar and she did us the favor and it was always around the nineties, there was never a high reading."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Kendall Alf Inc
10951 Sw 93 Street
Miami, FL 33175

RE: CCR #2015002755

Dear Administrator:

This letter reports the findings of a complaint 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 -Davis, RN
Field Office Manager

AMD:kb
Enclosure 2015002755
XG90

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