STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964616	**04/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FARAH MICHELE ALF, INC	**431 WEST 31 PLACE HIALEAH, FL 33012**	

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

0000 - Initial Comments

A complaint inspection (CCR#2015001898) was conducted on , , 2015. Farah Michele ALF Inc had deficiencies at time of the survey .

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

Based on record review and interview the facility failed to ensure one out of five (Employee D) sampled employees to have an annual documentation of a negative ( ) examination.

Findings included:

Record review on at 1:13 am revealed that the Limited Nursing Services component contracted Registered Nurse (RN) (hired on i/) last examination was dated .

Interview on at 1:30 PM revealed that the administrator stated that she did not know that Employee D did not have an up to date test.

Class III

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

Based on observation, record review and interview the facility failed to have an update staffing pattern in the facility.

Findings included:

Observation on at 1:30 pm revealed that the facility had a staffing pattern on the main board of the facility.

A record review on at 1:35 pm revealed that the facility have five employees including the Administrator. However, the staffing pattern had three different employees' names on it.

Further record review on revealed that the records with driver licenses, background screening and social security card matched with employees B, C and D.

An interview with the Administrator, she explained that there were three different employees ' names in the staffing pattern because she made a mistake when she printed 2015 staffing pattern.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Farah Michele Alf, Inc
431 West 31 Place
Hialeah, FL 33012

CCR# 2015001898

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 Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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