STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	05/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALMAR ALF INC	2120 NW 18 TERRACE MIAMI, FL 33125	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Almar ALF Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies at time of survey.

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

Based on record review and interview facility failed to provide evidence of a negative examination for Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last examination was done on and was negative.

Registered Nurse contracted by facility to provide limited nursing services stated on at 1:57 pm on the phone that he has his credentials and his examination up to date and that he will give a copy to the owner of the facility to place them in his record.

On at 2:15 pm during exit conference caregiver stated that she will let the administrator know about the deficiencies.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview facility failed to provide a copy of the current license of Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the nursing license expired on .

Registered Nurse contracted by facility to provide limited nursing services stated on at 1:57 pm on the phone that he has his credentials and his examination up to date and that he will give a copy to the owner of the facility to place them in his record.

On at 2:15 pm during exit conference caregiver stated that she will let the administrator know about the deficiencies.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**05/27/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

N277 Continued From page 1

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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