STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968337	06/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SELA ALF, INC	4080 NORTH 35TH AVENUE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on at Sela ALF, Inc.. The facility had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that all staff members had documentation/evidence within their personnel file indicating the employee had a freedom from evaluation completed annually, for 1 out of 4 employees (the Administrator).
The findings include:
Review of the employee records on revealed that the Administrator did not have in his file an updated evaluation. The last test expired on
During an interview with employee (A) on at around 2:00 PM, she reported that the Administrator was currently not available for interview. However, she confirmed that the Administrator does come to the facility and performs his administrative duties on a regular basis.
During a follow-up interview with the facility's manager on at 2:30 PM, he confirmed the findings and provided no additional information.

Class III

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

Based on record review and interview, it was determined that the facility failed to ensure that all employees that provide assistance with self-administered medications to residents receive a miniumium of 2 hours annually regarding topics related to medication assistance , 1 out of 3 employees (Employee A).
The findings include:
During review of the Employee Training Records and files on , it was noted that Employee A, an aide who confirmed during an interview at 2:16 PM that she assists the residents with their medications, did not have her medication training update in her file. The record provided indicated that she completed that training on and that an update was due on
During another interview with employee (A), she reported that she works both days and nights at the facility and that she was not able to go for the update training. During a follow-up interview with the facility's manager on at 2:30 PM, he confirmed the findings and he provided no additional information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Sela Alf, Inc
4080 North 35th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a Extended Congregate Care (ECC) survey that was conducted on 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an onsite visit 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosures: State 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida