STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966984	**06/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MAYLE ALF, INC	**19768 BEL-AIRE DRIVE CUTLER BAY, FL 33157**	

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

0000 - Initial Comments

A Complaint (CCR #2015002861 and 2015002928) was conducted on and concluded on Mayle ALF, Inc. with Limited Mental Health component had the following deficiencies at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interviews, the facility failed to honor 4 out of 10 (#2, #3, #4, and #6) residents' rights to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

Findings as follow:

On at 9:20 during the tour observed the following:
with Residents #4 and #6, a female and male who are not related.
with Residents #2 and #3, a male and female who are not related.

On at 9:30 a.m. Resident #2 stated, I'm sharing # with Resident #3 (female) and adding they were not relatives.

On at 9:40 a.m. Resident #3 stated she sharing # with a male (Resident #2), adding she did not like it and preferred to share the a female. Resident #3 stated, she used to share another female but the Administrator moved her stuff to sleep in the the male.

On at 2:10 p.m., Resident #4 stated she was sharing # with a male (Resident #6l), adding she did not like it and wanted to share the a female.

Staff B (assistant administrator) stated at 2:30PM on , Residents #2 and #3 were placed together by consent of both residents. Adding Residents #4 and #6 also agreed to sleep together in the same interest in common.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to immediately update each time the medication is offered or administered for 1 out of 10 (#4) facility residents who received assistance with self administration of medications.

Findings as follow:

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 Continued From page 1

On at 12:35 p.m., observed Staff C assisting Resident #4 with self administration of the following medication: 100 mg tab take 1 tab daily at 8:00 a.m.
On Staff C stated, I was administering the medication to Resident #4 late because the resident did not want to wake up in this morning.
The medication observation record (MOR) review found Resident #4's medication was listed for 8 am. The facility did not note that the medication was given at a different time on the MOR.
Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observations, record review, and interview, the facility's Administrator was not able to demonstrate that he was responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents. The facility failed to ensure that the Administrator had a minimum high school diploma or G.E.D. to meet the education requirement. Also the Administrator failed to complete the core training and core competency test requirements, no later than 90 days after becoming employed as a facility Administrator. The facility also failed to appoint a manager in writing.

Findings as follow:

Observations found the facility had a census of six residents on and .

On during the complaint survey, the facility's Administrator was not available in person or over the phone to communicate with regarding the complaint allegations or findings. The facility finder website showed the Administrator supervised two facilities. The facility did not appoint a manager in writing.

On during the conclusion of the survey, the facility's Administrator was still not available.

On at 12:30 p.m. Staff B (assistant administrator) stated the facility's Administrator was out of the country. The Administrator has been out of the country for more than two months. He stated he was in charge. He added they was in the process of buying the ALF, he had a bill of sale signed by the Administrator/owner on as an intent to buy the ALF but it was not executed by the Assistant Administrator. The Assistant Administrator also stated there was no application submitted for a change of ownership to the agency (Agency for Health Care Administration).

Record review found the Staff B (assistant administrator) was hired on and he had not received core training.

The facility did not have any documentation that showed who was in charge of the facility in the absence of the Administrator (over two months) that was core trained who would be responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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0077 Continued From page 2

Record review of the Administrator's record revealed that there was no evidence that he had a minimum of high school diploma or its equivalent. Record review found the Administrator did not complete the core training and the core competency test requirements within 90 days of employment. The Administrator was hired on / .

On at 2:00 p.m. Staff B (assistant administrator) acknowledged the facility had no documentation of the Administrator's core test and high school diploma and confirmed the facility had no manager.

Class II

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

Based on record review and interview, the facility failed to have, within 30 days after beginning employment, written statements from a health care provider documenting 2 out of 5 (Staff B and C) staff did not have any signs or symptoms of a communicable including .

Findings as follow:

Record review showed the facility failed to have a freedom from communicable statement including for Staff B, hired on and Staff C, hired on .

On at 2:30 p.m. Staff B (assistant administrator) acknowledged the facility failed to have the freedom from communicable statement including for staff.

Class III

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

Based on observation, record review, and interview, the facility failed to have a minimum of 212 hours per week to provide care and services to a census of 6 residents. The facility failed to have an accurate written work schedule that reflects its 24-hour staffing pattern. The facility failed to ensure that no staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager during the Administrator's absence.

Findings as follow:

Observation on at 9:30 a.m. found Staff C alone in the facility caring for a census of 6 residents. On at 9:10 a.m. found Staff C alone in the facility caring for a census of 6 residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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0079 Continued From page 3

Staffing pattern review showed two staff (Staff C and Staff D) scheduled to work in the facility for the month of 2015. Record review found the facility did not meet the minimum staff requirements of 212 hours per week for a census of 6 residents.

On at 10:00 a.m. Staff C stated, Staff D was out of the country to visit family and was not working since 15 days ago.

On at 11:00 a.m. Staff B (assistant administrator) stated Staff D was out of the country to visit family and added that the facility has two more staff members. He stated the staffing schedule was not accurate by not having him and E on the schedule for 2015.

On at 12:30 p.m. Staff B (assistant administrator) stated the facility's Administrator was out of the country. The Administrator has been out of the country for more than two months. He stated he was in charge. He added that was in the process of buying the ALF, he had a bill of sale signed by the Administrator/owner on as an intent to buy the ALF but it was not executed by the Assistant Administrator. The Assistant Administrator also stated there was no application submitted for a change of ownership to the agency (Agency for Health Care Administration).

The facility did not appoint a manager in writing. Record review found the Assistant Administrator was hired on and he had not received Core training.

Class II

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

Based on record review and interview, the facility failed to have 2 out of 5 (Staff B and E) staff trained in assisting residents with self administration of medications.

Findings as follow:

Record review showed the facility failed to have Staff B (hired on) and Staff E (hired on) trained in assisting residents with self administration of medications.

On at 2:00 p.m. Staff B stated, facility Staff B and E assisted residents with medications and needed the training.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

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MAYLE ALF, INC	**19768 BEL-AIRE DRIVE CUTLER BAY, FL 33157**	

SUMMARY STATEMENT OF DEFICIENCIES
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0120 Continued From page 4

Based on record review and interview, the facility failed to have business books, records, and any other financial documents maintained to the extent necessary to determine the facility's financial stability.

Findings as follow:

Record review showed the facility did not have any business records accessible to determine the facility's financial stability.

On at 12:00PM, Staff B (assistant administrator) stated the facility did not have financial records available.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have completed applications with references for 2 out of 5 (Staff B and D) staff. The facility failed to have documentation of compliance with Level 2 background screening and training for 1 out of 5 (Staff D).

Findings as follow:

The staffing pattern review showed Staff D was scheduled to work in the facility for the month of 2015.

Record review showed the facility failed to have completed applications with references for Staff B (assistant administrator; hired on) and Staff D. The facility also failed to have the documentation of training and compliance with the Level 2 background screening for Staff D.

On at 2:30 p.m. Staff B (assistant administrator) acknowledged, the facility failed to have complete applications and failed to have all the documentation of Staff D's training and Level 2 background screening. It was reported staff D was out of the country visiting family.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have an approved emergency management plan.

Findings as follow:

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SUMMARY STATEMENT OF DEFICIENCIES
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0181 Continued From page 5

Record review showed the facility did not have an approved emergency management plan.

On [redacted] at 2:30 p.m., Staff B (assistant administrator) stated they did not know where the emergency management plan approval letter was.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to have 1 out of 5 (Staff A) staff trained in working with Limited Mental Health residents within 6 months of employment.

Findings as follow:

Record review showed the facility held a standard license with a Limited Mental Health component.

Record review showed the facility failed to have documentation of 6 hours of Limited Mental Health training for the facility's Administrator (staff A).

On [redacted] at 2:00 p.m., Staff B (assistant administrator) acknowledged the facility did not have the training.

Class III

Mayle Alf, Inc
, 2015

Should you have any questions, please contact Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mayle ALF, Inc
19768 Bel-Aire Drive
Cutler Bay, FL 33157

Dear Administrator:

This letter reports the findings of Complaint (#2015002861 and #2015002928) surveys conducted on and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within 10 days of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= G
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= G

Directed Corrective Actions:

1. The facility shall establish supervision from an Administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by State regulations. The facility's Administrator must possess all the required training and credentials necessary as per State regulations, and the facility must establish a separate individual serving as a manager or alternate administrator, who must satisfy the same qualifications, background screening, CORE training and competency test requirements, and continuing education requirements of an Administrator as per State regulations. **This shall be completed by , 2015.**

2. The facility shall have a written work schedule that reflects its 24-hour staffing pattern for a given time period available to meet residents' needs and care. The facility must maintain a minimum of 212 staff hours per week with a census of 6 residents. **This shall be completed by , 2015.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

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