STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	07/29/2015
NAME OF PROVIDER OR SUPPLIER **ALMAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2120 NW 18 TERRACE** **MIAMI, FL 33125**	

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

0000 Initial Comments

A Monitoring survey was conducted at Almar ALF Inc on . Almar ALF Inc with Limited Mental Health had the following deficiencies at time of survey.

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure all medication in a safe manner.

Findings included:

1. Observation during the tour of the kitchen cabinet found four medication bottles for the staff members sitting on the shelf. The kitchen door was not locked and the residents were in the facility walking around and with access to the kitchen.

2. Interview with the Caretaker with assistance of a Resident on at 11:00 AM, Caretaker stated that the medications were hers and stated the kitchen door is usually locked during the day and evening hours when she is not in the kitchen.

Class III

0127 Fiscal - Liability Insurance

Based on record review and interview, the facility failed to have an up to date Liability Insurance on site at the time of the monitoring survey.

Findings included:

1. Record review revealed that the facility did not have a current Liability Insurance posted at the time of the monitoring survey on / . The last Liability Insurance document expired on / / photo taken of the document.

2. Interview with the Administrator on at 12:30 PM, she confirmed the findings in regards that the facility did not have a updated Liability Insurance policy for the new year after the last one had expired on / .

Class III

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0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provided a safe environment for the 11 residents living that at the time of the survey.

Findings included:

1. Observation of the front area observed the wall around the doorway entering the community un-finished and not painted. The wall had been fixed with plaster board but not painted (photo taken). In # observed missing window blades from the window blinds (photo taken).

2. Interview with the caretaker on at 10:40 AM, she confirmed the findings in regards that the wall was unfinished and the owner was supposed have finished it before the survey. Caretaker also confirmed the other findings found in # and in the kitchen.

Class III

0162 Records - Resident

Based on record review facility failed to have completed (8) out of (12) sampled Residents demographic data information sheets at the time of the survey.

Findings included:

1. Record review revealed that 8 of the 12 Residents information was not completed on their demographic sheets at the time of the survey.

Resident #1 was admitted on - from Florida State Hospital. On his demographic it was missing his place of birth/ father/mothers name/emergency phone number/relationship/contact address/service providers name/profession/address/ phone number. The sheet has the residents social/ medicare numbers.

Resident #2 was admitted on - , missing information -place of birth/father/mother name/ emergency contact numbers /addresses/relationship/professional addresses/phone number/ case manger name/number.

Resident #3 was admitted on /no prior address/place of birth/father/mother

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names/emergency numbers/ relationships//no names of emergency contacts/addresses/ no case manger/address/phone numbers/ service providers number/address.

Resident #6 was admitted on missing father/mother names/ place of birth/ emergency phone numbers/ address/ relationship/service providers number or address/

Resident # 7 was admitted on (no admission date on form/place of birth/father/mothers name/ address/phone numbers/emergency numbers or contacts/ relationships/ services providers number/address/ name of person paying for care

Resident # 8 was admitted on missing information place of birth/father/mother names/ has emergency number but only has first name of residents sisters name no last name or address/service providers name /number/ person paying for services.

Resident # 9 was admitted on missing information place of birth/ father/mothers name/address/has sisters name/number but no address number/ providers number/address/ person paying for services name/address/phone number.

Resident # 12 was admitted on /place of birth/ father/mothers name/ in the JDP no case manger name from the program/ has the phone number for program/service providers name/number/address/name of person paying for services

Missing weights for all of the residents photos were made:
1.Resident #1's last weight was taken on none were taken blank record for his file.
2.Resident #2 was last taken on

3.Resident #3 no weights charted at all weight chart blank

4.Resident #4 no weights charted at all weight chart blank

5.Resident # 5last weight taken on

6.Resident #6 last weight was taken at admission on

7.Resident #7 last weight was taken at admission on

8.Resident # 8 last weight was taken at admission on

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9.Resident #9 no weights were taken at admission weight chart blank

10.Resident # no weights were taken at admission weight chart blank

11.Resident #11 was discharged

12..Resident # 12 weight was taken at admission weight 229 on -

Class III

L241 LMH - Records

Based on record review facility failed to have one out of the 12 sampled Residents to have their updated Agreement/Community Living Support Plan/Mental Health Assessment in their files at th time of the survey.

Findings included :

1. Record review revealed that Resident #4's Community Living Support Plan was outdated which expired on - . The facility has not arranged for the resident to have a new one in the residents chart at the time of the survey.

2. Interviewed Administrator on at 11:45 AM, she confirmed the findings in regards that Resident #4 did not have an up to date Agreement/Community Living Support Plan/Mental Health Assessment in the chart at the time of the survey.

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 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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