STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	08/14/2015
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.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed Health Assessment for 1 out of 10 (#2) sampled residents within 30 days following the admission to the facility.
Findings included:
Record review on / / showed Resident #2's (admitted on /) did not have Health Assessment Form (AHFC 1823) after the 30 days of the admission to the facility on record for review.
During an Interview on / / at 10:30 AM, Staff D acknowledged that the Health Assessment for resident #2 was not on record for review during survey.
Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility failed to have 3-day supply of non-perishable food and make substitution on menu.
Findings included:
Observation during tour on / / at 9:15 AM of the emergency food cabinet in staff only Frosted Flakes four bags (1lb and 12 ounces) for the census of 10 residents. The facility required to have (180 serving of starches) Facility did not have emergency milk for census of 10 residents. Furthermore the facility have only five Chunk light tuna can (5 ounces each one) and four can of chicken (12 ounces each one) for the census of 10 residents. The facility required to have (180 ounces). Facility did not have canned fruit for the census of 10 residents.
Further observation on / at 10:45 AM showed the menu was posted on the common done by a dietitian was expired on area the following listed meal: Lunch: beans or Soup (6 oz.), beef Croquette (4 oz.); Yellow Rice (1/2 c); Peas (1/2 c), Tossed Salad (1/2); Dressing (1 tables); Fruit Cocktail DB unsweetened; Beverage.
Daily food observation on / at 10:30 AM showed that facility had substitution: pork chunk in tomato souse, white rice and bread. Facility did not follow the menu and no substitution written on.
Record Review on / showed that menu done by dietitian dated from / / to was expired.
During an interview on at 10:49 Staff A (caregiver) stated that facility did not have tossed Salad and fruit cocktail for residents. She stated that facility did not offer desert for residents on daily basic.
During an interview on / at 11:07 Resident #7 stated " I do not have desert every day but I

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have three meals a day breakfast 7:00 AM , Lunch 11:45 AM and diner 4:45 PM "
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment for ten residents at the time of survey. The facility failed to ensure that all existing architectural and structural system is maintained in a good working order for ten residents at the facility.
Findings included:
Observation on at 9:15 AM of the front area observed four air condition vent with black substances around. Wall around the doorway entering to the community un-finished and not painted (photo taken). Further observations showed that dining (left area) above two dining tables the ceiling crack (photo taken) and a black substance was observed around fire alarm(see photo). At the staff observed a big hold (without drywall) on the ceiling (photo taken). # missing one door closet and # with yellow substances at the celling.
During an interview on / at 9:25 AM with Resident #1 in # he stated the water is leaking " penetrating right through the roof and water wet the floor " (resident pointed with his finger to the floor in front his bed)
During an interview on / at Staff D acknowledged the findings in regards facility physical plan and others findings.
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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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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