STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966584	08/12/2015
NAME OF PROVIDER OR SUPPLIER **ANDALUSIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **360 EAST 65 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Abbreviated Biennial Survey was conducted on , 2015. Andaalusia ALF Inc with Limited Mental Health component had the following deficiencies found at time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview the facility failed to have an activities calendar posted reflect hours a day.

Findings included:

Observations made on / during tour of dining area found board with activities written on it. There was no daily hours listed.

Record review on / / of the previous activity calendar showed no dates on them.

Interview with the Administrator on at 3:00 PM acknowledge the schedule has no hour on it.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure that one out of three (Staff A) have initial 4 hours medication training and on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review done on / found that the Staff A's there were no documentation proving had completed the 4 hours medication training .

Interview with the Administrator on / at 3:00 PM acknowledge Staff B did not have the 4 hours for medication training.

Class III

0160 Records - Facility

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966584	08/12/2015
NAME OF PROVIDER OR SUPPLIER **ANDALUSIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **360 EAST 65 STREET** **HIALEAH, FL 33013**	

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

Based on record review and interview the facility failed to have an approved sanitation inspection and an updated admission and discharge log.

Findings included:

Tour of facility on / found the facility has 5 resident residing at the facility at time of the survey. Record review found the sanitation inspection dated and expired . Administrator was unable to provide proof of current sanitation report. Record review of the admission and discharge log was found with six resident listed on it. Resident #6 who was discharge was still listed as a current resident.

Interview with the Administrator on at 3:15 PM acknowledge she did not have proof of current sanitation inspection and the admission and discharge log was not up to date.

Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to have an employee application with references and job descriptions for one out three (#B) sampled staff.

Findings included:

The staff schedule shows Staff C works from 7 PM to 7 AM Monday through Saturday.

Personnel record review on / at 11:00 AM revealed that Staff C (hired date unknown) did not have an application references.

Interview on / at 3:30 PM the Administrator acknowledged that Staff C did not have a application with references and hire date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Andalusia Alf Inc
360 East 65 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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