STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	09/16/2015
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. ALF Family Palace Corp. with Limited Nursing Services and Limited Mental Health had no deficiencies identified at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview facility failed to honor residents rights regarding the use of side rails for 2 out of 6 sampled residents (# 2 and # 3).

Finding included:

During tour of the facility on at 8:20 am observed Resident # 3's bed in # with full side rails up. Also observed Resident # 2's bed in # with half side rail.

Caregiver A stated on at 8:25 am that Resident # 3 uses full side rail and that Resident # 2 use half bed rail.

Record review of Resident # 2 revealed that there was a prescription for half bed rail, but there was no consent for half bed rail. Record review of Resident # 3 revealed that there was no physician order and no consent for use of full side rail. There was a prescription for half side rail and there was no signed consent.

On at 3:30 pm facility administrator stated that he will make sure to get the consent from the families and that he will remove the full side rail from Resident # 3 and will replace it with a half bed rail as order by the doctor.

Class III

0078 Staffing Standards - Staff

Based on record review and interview facility failed to document freedom from on an annual basis for 1 out of 4 sampled employees (Staff A).

Finding included:

Record review of Staff A (administrator) revealed that his last test was completed on and was negative.

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SUMMARY STATEMENT OF DEFICIENCIES
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Facility administrator stated on at 2:35 pm that he had a new physical examination test and test recently but he could not find the copy, but he will make sure to call his doctor to get a new copy.

Class III

0083 Training - First Aid and

Based on record review ad interview facility failed to provide a copy of a valid card documenting the completion of the and First Aide training for 1 out of 4 sampled employees (Staff A).

Finding included:

Record review of Staff A (administrator) revealed that his , First Aide card expired on

Facility administrator stated on / during exit conference at 3:30 pm that he will take the First Aide/ course as soon as possible.

Class III

L241 LMH - Records

Based on record review and interview facility failed to complete a new annual community living support plan for 2 out 2 limited mental health residents (Residents # 5 and # 6).

Findings included:
Record review of admission and discharge log revealed that residents # 5 and # 6 were identified as limited mental health.
Record review of Resident # 5 revealed that the last Agreement, Mental Health Assessment and Annual Community Living Support Plan were signed on / by the psychiatrist.
Record review of Resident # 6 revealed that the last Agreement, Mental Health Assessment and Annual Community Living Support Plan were signed on / by the psychiatrist.
Facility administrator stated on / at 2:45 pm that Residents # 5 and # 6 were limited mental health residents and that the psychiatrist had been in the facility 3 days before the survey and he did not realize that the Annual Community Living Support Plan was about to expire when the psychiatrist was there. He also stated that he will contact the psychiatrist to come back to the facility or he will take the residents to the psychiatrist office to have a new Annual Community Living Support Plan done for

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SUMMARY STATEMENT OF DEFICIENCIES
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Residents # 5 and # 6.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a state licensure 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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