STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964360	10/06/2015
NAME OF PROVIDER OR SUPPLIER **BETHSHALOM ALF CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **7891 NW 171 STREET** **MIAMI, FL 33015**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at Bethshalom Home Care on , 2015. The facility Bethshalom Home Care had the following deficiencies at time of survey :

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to have Resident (#2) administration of medication specify in Form 1823.

Findings included:

Observation on at 9:00 am found Resident #2 was assisted with self-administration of medication for the following medicines by Staff A: Amoxillin Clocaromate and 25 mg

Record review on revealed that Resident #2 health assessment (dated) did not have specify what type of assistance needed with administration of medication needed.(document scanned).

Interview on revealed Resident #2's family member states that her mother is assisted with her medications every day by facility staff.

Interview on at 11:00 am with the facility Administrator revealed, "I knew that I will have problem with that; it was Resident #2's Medical Plan who did not fill the form properly. "

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have update weight information in record for one out of two (#2) Residents sampled.

Findings included:

Record review on revealed that Resident #2's did not have any weight information in the file at time of survey (document scanned).

Interview on at 12:00 pm with Administrator acknowledged that the Resident #2 ' s weight log needed to be recorded.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0167 Resident Contracts

Based on record review and interview facility failed to have a monthly payment rate specified in contract for one out two (#1) Residents sampled.

Findings included:

Record review on revealed Admission/Discharge log states, "Resident #1 admitted on ."

Record review on revealed Resident #1's contract did not have a monthly payment specify at time of survey. (Document scanned)

Interview on at 11:54 am revealed Resident #1's family member states, "Resident #1 is living in the facility as a Resident."

Interview on at 12:30 pm revealed Administrator acknowledged that Resident #1's contract did not have monthly rate specify at time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bethshalom Alf Corporation
7891 Nw 171 Street
Miami, FL 33015

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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