STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966251	**11/02/2015**
NAME OF PROVIDER OR SUPPLIER **ALELISE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6230 W 18 AVENUE HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2015. Alelise ALF Corp with Limited Mental Health components had the following deficiencies identified at time of the survey:

0078 Staffing Standards - Staff

Based on observation, record review, and interview the facility failed to ensure for one out of four (Staff D) staff had evidence of a negative ( ) test.
Findings included:
Observation on / / at 9:00 am revealed that Staff D was providing assistance to 6 residents.
Record review on / / revealed Staff D's (hired on) last test dated / .
Interview on / at 11:00 am revealed Staff D acknowledged that she did not have an updated test in file at survey time.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to provide a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility for one out of four (A) sampled staffs on an annual basis.

Findings included:

Observation on /_ revealed Staff A assisted with self-administration of medication to Resident #1 at time of survey.

Record review on / / revealed Staff A did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file a time of survey.

Interview on /_ at 1:00 pm revealed Staff A and B stated that Staff A assisted with self-administration of medication every day during morning time.

During an interview on / at 1:30 PM the Owner acknowledged that Staff A did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file at time of survey.

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Class III

0090 Training -

Based on record review and interview the facility failed to have one out of four sampled employees trained in ( ) training.

Findings included:

Record review revealed Staff B (hired /) did not have any documentation in her file showing any training in within 30 days of employment.

Interview on / around 1:00 pm revealed Staff B did not know the mining of .

Interview on / / at 1:35 pm the Owner acknowledged that Staff B did not have training in .

Class III

0160 Records - Facility

Based on observation, record review and interview the facility failed to have an update Admission/Discharge log.

Findings included:

Observation on / revealed Resident #6 's possessions are in #.

Record review on / revealed Admission/Discharge log was not updated. The facility's Admission/Discharge log reflected five residents living in the facility.

Record review on / revealed Admission / Discharge log did not have a Resident that is in the hospital but is still a resident in the facility.

Interview on / at 10:30 am the Owner confirmed that the Admission/Discharge log needed to be updated and she forget to add Resident #6 in the Admission/Discharge log. Owner also stated, " Resident #6 is a resident of the facility; he is at the hospital, but he will come back, he was admitted / and left to the hospital ."

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Class III

0189 ADCCs in ALF

Based on observation, record review and interview facility failed to have licensure to have daycare participant.

Findings included:

Observation on / / at 9:00 AM found the facility had one daycare resident in the facility at time of survey.

Record review on / / revealed facility had a daycare contract for Participant #7.

Record review on / / revealed AHCA's facility finder reflected that the facility did not have daycare services.

Interview on / / at 12:45 pm Participant #7's daughter stated, "Participant #7 lives with me, and I drop and pick him up every day."

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of four (D) Staff received the 3 hours of Continuing Training in Limited Mental Health (LMH).

Findings include:

Record review on / / revealed facility failed to provide 3 hours of training in Limited Mental Health to Staff D.

Record review on / / revealed Staff A last LMH's training was on / for 3 hours.

Interview on / / at 11:00 am revealed facility's Owner stated, " I worked in this facility like the CNA, I assist the Residents, too; I am here every day. "

Interview on / revealed facility's Owner acknowledged that she did not have an updated training

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SUMMARY STATEMENT OF DEFICIENCIES
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for LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Alelise Alf
6230 W 18 Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 2, 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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