STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	10/28/2015
NAME OF PROVIDER OR SUPPLIER **HIALEAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Change of Ownership (CHOW) Survey was conducted on , 2015. Hialeah ALF Inc with Limited Mental Health component had the following deficiencies identified at time of the survey:

0081 Training - Staff In-Service

Based on record review and interview the facility failed to provide documentation ensuring that one out of seven sampled staff (F) who provided direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review on showed Staff F (hired) worked 3 PM to 9 PM Mondays through Fridays. Record review showed Staff F did not have any documentation that she received in-service training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , resident behavior and needs, providing assistance with the activities of daily living, and the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Interview on at 3:30 PM the Assistant Administrator acknowledged that Staff F did the training but did not have the documentation available.

Class III

0085 Training - Nutrition & Food Service

Based on observations, record review, and interview the facility failed to ensure three out of seven (C, D, and F) sampled staff have minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Observations on at 9 AM during tour found Staff C cooking in the kitchen, preparing residents' meals.

Record review revealed the 2 hours of nutrition and food service training for Staff C expired on / ,

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Staff D expired on , and Staff F expired on .

Interview on at 3:30 PM the Assistant Administrator acknowledged that Staff C, D, and F did not have the nutrition and food service training.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that one out of seven (F) sampled staff had training in ( ).

Findings included:

Record review on showed that Staff F (hired) did not have documentation proving she received the training.

Interview on at 3:30 PM the Assistant Administrator acknowledged that Staff F did the training but did not have the documentation available.

Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to have a completed application with references for two out of seven (B and F) sampled staff.

Findings included:

Record review found the staff schedule showed Staff B (hired) worked 7 AM to 4 PM and Staff C (hired) worked 3 PM to 9 PM. Both staff members did not have any references listed on their applications.

Interview on at 2:50 PM the Assistant Administrator confirmed findings the applications did not have references.

Class III

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N277 LNS - Resident Care Standards

Based on record review and interview the facility failed to provide a copy of the current license of the Registered Nurse contracted by the facility to provide limited nursing services.

Findings included:

On at 11:20 AM record review of the Registered Nurse's file contracted by the facility to provide limited nursing services revealed no documentation of the nursing license.

On at 3:45 PM the Assistant Administrator acknowledged they did not have the nurse's license on file.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to ensure that two out of seven (C and F) sampled staff had documentation of compliance with level 2 background screenings.

Findings included:

Observations on at 9 AM during tour found Staff C cooking in the kitchen, preparing residents' meals.

On at 4:00 PM Staff F stated "I been working here since ."

Record review on showed that Staff C (hired)'s file did not have an eligible level 2 background screening within the last five years. An internet search of the background screening website showed " A New Screening is Required" for Staff C. The last background screening completed on file was eligible on .

Record review found that Staff F (hired)'s file did not have an eligible level 2 background screening. An internet search of the background screening website showed "Screening in Process."

Interview on at 4:00 PM the Assistant Administrator acknowledged Staff C and F need background screening.

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2015

Administrator
Hialeah Alf Inc
158 West 8 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a change of ownership 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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Miami, FL 33166
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