STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	R 10/19/2015
NAME OF PROVIDER OR SUPPLIER **ALMAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2120 NW 18 TERRACE** **MIAMI, FL 33125**	

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

0000 Initial Comments

A Monitoring (Checking on Owner) Revisit Survey was conducted on 19, 2015. Almar ALF Inc with Limited Mental Health And Limited Nursing Services components had the following deficiencies identified at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed Health Assessment for one out of (#3) sampled residents within 30 days following the admission to the facility.
Findings included:
Record review on showed Resident #3's (admitted on /) did not have Health Assessment Form (AHCA Form 1823) within 30 days of the admission to the facility.

Interview on at 11:36 AM, Staff B acknowledged that the Health Assessment for Resident #3 was not on record for review during survey.
Uncorrected Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility failed to have 3-day supply of non-perishable food, ensure the facilities dieticians license is current as well as document any substitutions prior to serving the meal.
Findings included:
Observation during tour of the emergency food cabinet on at 9:15 AM found four bags of Frosted Flakes (1 lb and 12 ounces) equivalent to 104 servings for the census of 11 residents. The facility required to have 180 serving of starches. The facility only had 1 can of powered milk (101 ounces) for census of 11 residents. The facility is required to have 528 ounces. Furthermore the facility have only five cans light tuna can (5 ounces each one) and four can of chicken (12 ounces each one) equaling a total of 73 ounces for the census of 11 residents. The facility required to have 198 ounces. Facility did not have canned fruit for the census of 10 residents.
Observation on / / at 9:10 AM of the menu posted dated for to . There were no menu dated a week in advance.
Further record review on / / showed the Dietitian license posted on wall expired / .
Interview on / / at 11:53 AM Staff B stated, "They have it posted on the board. That's the only one."
Uncorrected Class III

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment for 11 residents. The facility failed to ensure that all existing architectural and structural systems are maintained in a good working order for the 11 residents at the facility. The failure to maintain the physical structure of the facility placed the residents in imminent danger.

Findings included:

Observation on at 9:15 AM in # revealed it contained broken and missing closet doors and # had a yellow substances on the ceiling and a bucket to in front of the closet for leaks from the roof. The bucket was used to collect drainage from the ceiling.
During interview on / at 12:55 PM with Resident #8 it was stated, "It's been leaking maybe a month. She sprayed it with paint. It worked for a while."
During interview on / / at 9:45 AM with Staff B, the findings in regards to the facility physical plant and others findings were acknowledged.
During record review, it was noted on / , the local City Authority had issued a "Repair or Demolish- First Notice" to the administrator with findings that the building has water damage and is in an unsafe condition. The report documented, "The ceiling in one of the kitchens has partially collapsed and # has water stains on ceiling. The building in the back has a non-confirming to it."
Record review of the "Repair or Demolish- Final Notice" dated / found, the facility had yet to repair or demolish the structure as ordered.

Class I

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a Monitoring Survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the 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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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