STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	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 Standard Biennial Survey was conducted on , 2015. Almar ALF Inc with Limited Mental Health and Limited Nursing Services components had the following deficiencies identified at time of the survey.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to have a written record or documentation that the family members and health care provider were notified for one out of eleven sampled residents (Resident #1).

Findings include:

Review of Resident's #6's record on at 10:30 AM, showed that he was admitted on . Health assessment done on // showed that the resident was diagnosed with by the physician.

Interview conducted on // at 12:18 PM, Staff B stated "Resident #6 left the facility and did not return on . I called the police and filed a police report. He returned a month later. He was in jail. "

There was no documentation that family members and health care providers were notified of the residents disappearance.

Class III

0026 Resident Care - Social & Leisure Activities

Based on record review and interview the facility failed to provide and encourage residents with social, recreational,and other activities within the facility for six out of eight (#2, 5, 7, and 8) sampled residents.

Finding included:

Record review conducted on // at 9:00 AM found the facility's activity calender was dated Sunday, 19 when , 2015 is actually a Monday.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**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)

Interviews conducted on from 12:30 PM to 1:00 PM with resident (#2, 5, 7, and 8) acknowledge they don't do anything for activities and verified they are not offered anything to do since they have been living at the facility.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to maintain an accurate medication observation record for one out nine sampled residents (Resident #7)

Findings include:

Review of Resident's #7 medications showed that 100 mg, one tablet daily and , ½ tablet daily were inside medication box.

Review of Medication Observation Record (MOR) showed that 100 mg, one tablet daily and , ½ tablet daily were not listed.

Interview conducted on at 1:35 PM, Staff B acknowledge that the medications were not listed. She stated that the medications were giving to the resident.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility administrator failed to show responsibility for the operation and maintenance of the facility as well as appoint a manager.

Findings Include:

On , 2015 a monitoring survey was conducted. The facility was found to not have a completed a health assessment for 1 out of 11 sampled residents, an inadequate amount of emergency food supply was onsite and numerous physical plant concerns including a leaking roof was observed.
During a revisit survey along with a Standard Biennial Survey on , 2015, the agency found the facility failed to correct the deficiencies as well as found 14 deficiencies.
On , 2015, it was noted the facility failed to notify Resident #1's family or health care provider

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	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)

after the resident leaving the facility for over a month. The Facility failed to provide activities for the 11 residents who reside in the facility. As well as ensure their three staff members had been adequately trained to care for 11 mental health residents who requires supervision and assistance with activities of daily living.
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. The facility also failed to appoint a manager in place of an administrator who supervises three facilities.

Class I

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a heath care provider documenting that Staff A, B, C, and D are free from communicable including on an annual basis and failed to have evidence of a new professional license for the registered nurse.

Findings included:

Observation on found Staff B in the facility alone with the residents mopping the floors. She was observed preparing and cooking residents meals.

Record review on / / of the medication book shows she initial the medication sheet when she gave the resident medication. The staff schedule shows she works

Record review of the Staff A (hired) file contained no documentation proving she is free from

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	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)

communicable including . Record review on / of Staff B (hired /) show her communicable including dated / and expired / . Record review on of Staff C (hired) show her communicable including dated / and expired / .

Record review of registered nurse contracted to provide limited nursing services revealed that physical examination form including the statement verifying she is free of signs and symptoms of communicable and negative was dated and expired on . Her license was expired on .

Interview on at 2:15 PM with Staff B stated, "Everything that is in the file is all I have."

Class III

0080 Training - Core & Competency Test

Based on record review and interview the Administrator failed to have continuing education (12 hours every 2 years) in topics related to assisted living facility and proof that the CORE training was completed.

Findings included:

Record review on showed that the facility's Administrator (hired) did not have continuing education update (12 hours every 2 years) and a copy of CORE card and certificate proving she complete and pass the test in her personnel chart.

Interview on at 2:15 PM with Staff B stated, "Everything that is in the file is all I have."

Class III

0082 Training - /

Based on record review and interview the facility failed to ensure one out of four (#A) sampled staff complete the one time education course on 2 hours and training .

Findings included:

Record review on found the Administrator had no documentation proving they received the 2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	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)

hours / training.

Interview on at 2:15 PM with Staff B stated, "Everything that is in the file is all I have."

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure that one out of four (Staff A) have initial 4 hour training and the minimum of 2 hours of continuing education training on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review on found that the Administrator personnel file contained no documentation of the 4 hours medication training. The last 2 hours medication update on file is dated and expired on / .

Interview on at 2:15 PM with Staff B stated, "Everything that is in the file is all I have."

Class III

0160 Records - Facilitv

Based on observations, record review, and interview the facility failed to have a current sanitation inspection report and the facility's comprehensive management plan (CEMP), with documentation of review and approval by the county emergency management agency.

Findings included:

Observations made on / at 9:05 AM the posted on the wall the sanitation inspection dated ./ 14 expired , the liability insurance dated / expired / , the fire inspection dated expired and the Comprehensive Emergency Management Plan (CEMP) letter dated / and expired on .

Record review on / of the facility's CEMP was last reviewed and dated for / .

Interview on at 11:53 AM with Staff B stated, "What's posted on the board is the only one."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**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)

Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to have an updated background screening in file for one out of three (Staff A) sample staff.

Findings included :

On at 10:00 AM during record review reveled that Staff A had no documentation for background screening on file shows.

Interview on / at 11:53 AM with Staff B stated, "What's posted on the board is the only one."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to complete and submit one day and fifteen day adverse incident report one out of eleven sampled residents (Resident #6).

Findings Include:

Review of Resident's #6 record on at 10:30 AM, showed that he was admitted on . Health assessment done on / showed that the resident was diagnosed with by the physician.

Interview conducted on / at 12:18 PM, Staff B stated "Resident #6 left the facility and did not return on . I called the police and filed a police report. He returned a month later. He was in jail. "

There is no documentation that the facility submitted one day and fifteen day adverse incident report for Resident #6.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	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)

0167 Resident Contracts

Based on record review and interview, the facility failed to include a resident contract with the facility executed at or prior to admission for two out of eight residents (Resident #4 and #6).

The findings include:

Record review on / at 10:00 AM showed that for Resident #6, admitted on / , the facility had not executed a contract with the resident. Resident # 4 contract did not include administrator's signature. Resident #4 was admitted on / .

Interview conducted on / at 2:30 PM, Staff B stated that in-fact, the facility had not executed and entered into a contract with Resident #6. Resident's #4 contract missed administrator's signature.

Class III

L241 LMH - Records

Based on record review and interview, the facility failed to ensure that the Community Living Support Plan and Agreement was provided for one out of eleven sampled residents (Residents #5) limited mental health resident.

Findings included:

Record review on showed that Resident #5 admitted on / document that the Health Assessment dated indicated the resident was diagnosed with by physician and there was no Community Living Support Plan and Agreement on file for review. Resident received ( ).

Interview conducted on / at 2:30 PM, Staff B confirmed that Resident #5 did not have Community Living Support Plan and Agreement on file for review.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	**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)

mental health residents receive the 6 hours minimum training approved by the Department of Children and Families Services for three out of four (#A, B, and C) sampled staff.

Finding included:

Record review conducted on showed Staff A (hired) did not have documentation of completing the minimum 6 hours Limited Mental Health training and the 3 hrs updated on file was dated / / . Staff B (hired) 6 hours LMH training was dated / and there is no documentation of the 3 hours update on file. Staff C (hired /) did not have documentation of the 6 hours LMH training.

Interview on at 2:15 PM with Staff B stated, "Everything that is in the file is all I have."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Nancy Gordon
12/03/15
4:56pm

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com