STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968202	11/24/2015
NAME OF PROVIDER OR SUPPLIER **COMMUNITY ALF SERVICES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1250 NW 126 STREET** **MIAMI, FL 33167**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on [redacted]. Community ALF Services had deficiencies found at the time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview facility failed to have two out of five (#2 and 4) residents' completed health assessments.

Findings included:

Record review revealed Residents #2 and #4 did not have completed health assessments. Resident #2 was admitted on [redacted]; her health assessment did not have pages #4 and 5 and did not have the date of examination. Resident #4 was admitted on [redacted]; her health assessment was missing pages #3, 4, and 5 and did not have date of examinations.

Interviewed the Administrator on [redacted] at 3:00 PM, she confirmed the finding in regards to both Residents (#2/4) not having completed health assessments. The Administrator could not explain why the Residents' health assessment pages were not in the charts at the time of the survey.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation and interview facility failed to have any Social and Leisure Activities during the entire survey.

Findings included:

On [redacted] from 8:30 AM to 4:00 PM observations found activities were not offered to the residents. Activities were scheduled at 10:00 AM sittersize, 10:30 am music listening, 1:30 pm current events, 2:30 pm arts and crafts, 3:30 pm comedy hour; none of these activities were conducted with the residents. Employee B nor the Administrator asked the residents if did they wanted to attend any of these activities during the survey.

Interviewed Employee B on [redacted] at noon, she stated that the resident did not do activities.

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Class III

0030 Resident Care - Rights & Facility Procedures

Based on observations, record review, and interview the facility failed to limit physical to half (1/2) bed rails for one out of five (#2) residents. The facility also failed to have an doctor order for the use of 1/2 bed rails for one out of five (#5) residents.

Findings included:

Observation on |- at 8:30 am found full bed rails attached to Resident #2's bed in |# , also Resident #5's bed had 1/2 bed rails attached.

Record review found the facility did not have 1/2 bed rail order for Resident #5.

Interviewed the Administrator on |- at 4:00 pm, she confirmed the findings in regards to not having the 1/2 bed rail order and having a full bed rails on Resident #5's bed.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for two out of three (A and C) sampled employees.

Findings included:

Record review revealed Employees A and C did not have evidence of a negative ( ) examination documented on an annual basis. Employee A's last examination was done on |- and Employee C's last examination was done on |- .

Interviewed the Administrator on |- at 3:00 PM, she confirmed the findings in regards to both employees not having their exams.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility failed to ensure Administrator received a minimum of

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12 hours of continued education for every two years in topics related to ALFs.

Findings included:

Record review revealed the Administrator passed the CORE training on . Record review found the Administrator did not have the 12 hours of continued education every two years related to ALFs.

Interviewed the Administrator on - at 2:45 PM, she confirmed the findings in regards to not having 12 hours training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have two out of three (A and C)sampled employees trained in 2 hours of assistance with self -administration of medications to residents.

Findings included:

Record review revealed Employees A and C did not have their updated medication training. Employee A's last training was on - and Employee C's last training was on .

Interviewed the Administrator on - at 3:00 PM, she confirmed the findings in regards to the employees not having the training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a clean and safe environment for the safety of the residents living at the facility.

Findings included:

Observation on - at 8:30 am found in the front hallway on the lower corner wal observed a busted corner. The dining observed to be soiled. On the outside of the facility observed on the roof eves areas had rotten panels and peeling pain. The backyard area had a storage

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shed with a lot of old debris and which was not locked security and safety of the residents who sat outside on the back patio of the facility.

Interviewed the Administrator on - at 4:00 pm, she stated that all of the deficiencies shall be corrected by the of the next visit.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed a current fire and health inspection.

Findings included:

Record review revealed the facility did not have a current Fire and Health inspection. The last health inspection provided was dated .

Interviewed the Administrator on - at 2:00 pm, she confirmed the findings in regards to the facility not having the documents.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have a power of attorney (POA), health surrogate, or guardianship paperwork for one out of five (#2) sampled residents.

Findings included:

Record review revealed Resident #2 was admitted on - and her family member (Granddaughter) had been signing the documents in the Residents chart. The facility failed to have a POA, health surrogate. or guardianship documentation.

Interviewed the Administrator on - at 2: 30 PM, she confirmed the finding in regards to Resident #2's family signing the contract and other documents in the chart without having a POA.

Class III

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Z815 Backaround Screenina: Prohibited Offenses

Based on observations and record review the Administrator failed to have a completed background screening by , 2015.

Finding include:

Observations found the Administrator arrived to the facility on - at 9:30 am. The Administrator assisted with the operations of the facility.

Record review found the Administrator's background screenina status stated "Agency Review Required." The Administrator last background screening was dated .
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Community Alf Services, Inc
1250 Nw 126 Street
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a standard biennial 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 , 2016.** 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

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