STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968214	11/19/2015
NAME OF PROVIDER OR SUPPLIER **CLARY'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 SW 17 AVENUE** **MIAMI, FL 33145**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on / and concluded on / . Clary's ALF Corp had the following deficiencies at the time of survey:

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that medications kept in resident were secured or locked.
Findings included:
During the facility on / at 8:50 AM found unlabeled over the counter (OTC) medications: Balmex Diaper cream, and , plus Pain relieve cream in # on Resident #1's night stand.
During an interview on / At 9:40 AM, Staff C stated the medications were there because it was use by hospice today for Resident #1. Furthermore facility Administrator acknowledged that medication did not have resident name and was unlocked.
Class III

0077 Staffing Standards - Administrators

Based on record review and review the facility failed to appoint in writing a separate manager for the facility to assist in the operation and maintenance of those facilities.
Findings included:
During an interview on / at 9:20 AM the Administrator stated "we have two facilities. I'm the Administrator at one facility and my wife Staff B is the administrator at the other facility." He stated she did have her personnel record.
Record review on / revealed the facility's Administrator supervised two assisting living facilities and did not have a manager appointed in writing at this facility. Further record review showed Staff B (hire) did not CORE training and a high school diploma or its equivalent.
During a phone interview on / at 2:06 PM the Administrator stated my daughter did the CORE training to become facility's manager but she still she need to do the test.
Class III

Z827 Unlicensed Activity

Based on observations, record review, and interviews, the facility exceeded its licensed capacity of six beds. The facility had a census of seven residents that were receiving housing, meals, and assistance with activities of daily living.
Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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On / at 9:50 AM during the facility tour observed seven residents in the home.
Caregiver C stated on / at 9:50 AM that there were six residents and one was identified as day care participant (#7).
Record review on / showed Resident #7 (admitted on) did had daycare resident agreement dated . Emergency contact was Staff D (daughter in law).
During an interview on / at 9:05 AM Resident #7 stated "I live here sometime but I go home with my dad." The resident was asked to show the she slept. Resident #7 walked to # and stated "this is my bed."
During an interview on / at 9:11 AM Resident #4 stated "I did have a ". She stated Resident #7 is my . She stated Resident #7 had breakfast, lunch, dinner and medication here.
Resident #4 also stated no one from her (Resident #7) family come here to pick her up at nights.
During a family phone interview on / at 1:00 PM, Staff D stated " I do not have any family member living at the facility " . Furthermore she stated Resident #7 is my mother in law. She stated I pick her up most of the day and sometime if I did have problem she slept at the facility. She stated I did not remember the last day that she slept over.
During an interview on / at 2:45 PM the Administrator stated she (Resident #7) slept over sometimes because she is a family of one of my staff and staff does work cleaning houses and sometimes worked at night's time.
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Clary's Alf Corp
1715 Sw 17 Avenue
Miami, FL 33145

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 , 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

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