STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963972	R
NAME OF PROVIDER OR SUPPLIER **ROYAL OF KENDALL ACLF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12201 SW 93 STREET** **MIAMI, FL 33186**	

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

0000 Initial Comments

A revisit to a Complaint Survey (CCR #2015007879) was conducted on . Royal of Kendall ACLF Inc had no deficiencies found at the time of the survey:

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have the weight records every 6 months for 2 out of 3 (resident #1, #2) facility sample residents.

Findings as follow:

On at 11:20 a.m. Staff B was observed assisting Residents #1 and #2 during lunch.

Record review found the facility did not have documentation of the weights recorded semi-annually for Residents #1 and #2. The last weights recorded for Resident #1 was dated and for Resident #2 was dated / . Resident #1's health assessment dated showed the resident needed total assistance with all activities of daily living. Resident's #2 health assessment dated showed the resident needed assistance with all activities of daily living.

On / at 12:55 p.m. the facility's administrator acknowledged the facility failed to have the weights recorded semi-annually for Residents #1 and #2 who required assistance with the activities of daily living.

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11963972

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility
ROYAL OF KENDALL ACLF INC

Street Address, City, State, Zip Code
12201 SW 93 STREET
MIAMI, FL 33186

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed	ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed	ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	Correction Completed
ID Prefix **A0167** Reg. # **58A-5.025 FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency — **Reviewed By** — **Date:** 11/4/14 — **Signature of Surveyor:** — **Date:**

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on: / /

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Royal Of Kendall Aclf Inc
12201 Sw 93 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a complaint revisit 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.

All deficiencies shall be corrected no later than , 2016.

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:ve
Enclosure

BBT7

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