STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965359	R
NAME OF PROVIDER OR SUPPLIER **YESENIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15608 SW 63 TERRACE** **MIAMI, FL 33193**	

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

0000 Initial Comments

A Standard Biennial revisit survey was conducted on . Yesenia ALF had the following deficiencies found at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to limit physical to half bed rails for one out of six (6) sampled residents. The facility also failed to have a doctor's order and singed consent for use of half bed rails for one out of six (#5) sampled residents.
Findings included:
During the facility tour on at 8:10 AM observed in # occupied by Residents #5 and #6 half bed rail attached to Resident #5's bed and full bed rails attached to Resident #6's bed.
Record review on showed Resident #5 did not have a half bed rails order and did not have a consent to the use of half bed rails signed by the resident or responsible party. Further record review showed Resident #6 had a half bed rails order dated .
During a phone interview on at 9:16 AM the facility Administrator acknowledged the deficiencies found. She stated for the bed rail hospice must have the physician order and consent
Uncorrected Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.
Findings included:
On at 8:00 AM upon entrance to the facility found Staff B alone with six residents.
During record review on showed the facility staffing pattern for 2015 showed the on Staff A (administrator) from 7:00 Am to 7:00 PM, Staff B (caregiver) from 7:00 AM to 7:00 PM, and Staff D on call.
During a phone interview on at 9:16 AM the facility's Administrator acknowledged the findings. She stated I'm very sorry that I did not go there for the survey.
Class III

0083 Training - First Aid and

Based on observation, record review, and interview the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility.

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

Findings included:
On at 8:00 AM upon entrance to the facility was found Staff B alone with six residents, assisting them activities of daily living (ADLs).
On request for Staff B's personnel records for review found the facility did not have a record available for review. The facility failed to provide proof of First Aid and training for Staff B.
During an interview on at 8:54 AM Staff B (caregiver) stated I'm working here since 2015. She stated I did not remember the exactly the date but was from last day of month. She stated I don't know where's my personnel file. She stated I'm looking for my file but I cannot find it.
During a phone interview on at 9:16 AM the facility's Administrator acknowledged the findings. She stated I'm very sorry that I did not go there for the survey. She stated I was cleaning and I don't know where I put the staff record but it must be there.
Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to provide a personnel record containing a copy of the employment application with references and documentation of training for one out of three (Staff B) sampled staff.
Findings included:
On at 8:00 AM upon entrance to the facility was found Staff B alone with six residents, assisting them activities of daily living (ADLs).
On request for Staff B's personnel records for review found the facility did not have a record available for review. The facility failed to provide a personnel record containing a copy of the employment application with references and documentation of training for Staff B.
During an interview on at 8:54 AM Staff B (caregiver) stated I'm working here since 2015. She stated I did not remember the exactly the date but was from last day of month. She stated I don't know where's my personnel file. She stated I'm looking for my file but I cannot find it.
During a phone interview on at 9:16 AM the facility's Administrator acknowledged the findings. She stated I'm very sorry that I did not go there for the survey. She stated I was cleaning and I don't know where I put the staff record but it must be there.
Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for one out of three (B) sampled staff.
Findings included:
On at 8:00 AM upon entrance to the facility was found Staff B alone with six residents,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965359	R
NAME OF PROVIDER OR SUPPLIER **YESENIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15608 SW 63 TERRACE** **MIAMI, FL 33193**	

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

assisting them activities of daily living (ADLs).
On request for Staff B's personnel records for review found the facility did not have a record available for review. The facility failed to have a completed eligible level II background screening for Staff B.
The background screening website showed zero (0) matching records for Staff B.
During an interview on at 8:54 AM Staff B (caregiver) stated I'm working here since 2015. She stated I did not remember the exactly the date but was from last day of month. She stated I don't know where's my personnel file. She stated I'm looking for my file but I cannot find it.
During a phone interview on at 9:16 AM the facility's Administrator acknowledged the findings. She stated I'm very sorry that I did not go there for the survey. She stated I was cleaning and I don't know where I put the staff record but it must be there.
Unclassified Deficiency

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965359	A. Building B. Wing	12/29/2015

Name of Facility	Street Address, City, State, Zip Code
YESENIA ALF	15608 SW 63 TERRACE MIAMI, FL 33193

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC		ID Prefix **A0057** Reg. # **58A-5.0185(8) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 11/2/14	**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
Yesenia Alf
15608 Sw 63 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2015by 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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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