STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	R /
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A standard biennial second revisit survey was conducted on , 2016. ALF Family Palace Corp. with Limited Mental Health component had the following deficiencies identified at time of survey:

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep centrally stored medications locked inside the facility's refrigerator.

Findings included:

Observation on / / at 12:25 pm revealed Resident #2's medication (100 units) was inside the kitchen refrigerator unlocked.

Interview on / at 12:25 pm the Administrator stated, "there is a locked box to put the inside the refrigerator but the facility's staff forgot to put in inside."
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and free of hazards. Facility failed to provide privacy and adequate furnishing.

Findings included:

Observation during tour on / at 12: 15 pm revealed that there was a Murphy's bed behind Resident #4's bed and a piece of wood behind Resident #3's bed. There were two night stands on top of the other and one night stand on top of a dresser next to the TV. There was also a refrigerator with meet in resident # .
Observation during tour on / at 12: 15 pm revealed that # had a portable bedside commode with no privacy divider. Also, there was a mattress under Resident #1's bed.

Observation during tour on / at 12: 15 pm revealed that facility's #1, 2, and 3 had no closet to hang clothes.

Observation during tour on / at 12:25 pm revealed facility's back yard sitting area was had four wheelchairs, two mattresses, and a chair on top of a wood stand.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on / / at 12:15 pm the Administrator stated, "I did not know that Residents ' need to have closets to hang the clothes; I also know that I should put that Murphy bed and mattress in another place, but I do not have more space, and I do not want to throw them away. I will remove that refrigerator from # . Also, Administrator stated, " I am aware that # did not have privacy to have a portable bedside commode.

Interview on / / at 12:30 pm Staff B stated, " Resident #6 used the portable bedside commode because she needs assistance of two staff to stand up, and it is easier for her; however, Resident #1 also used the commode."

Class III

0161 Records - Staff

Based record review and interview the facility failed to ensure that one out of five (Manager) sampled staff had a complete employment application with references.

Findings included:

Record review on / / revealed Manager (hired / /) did not have a complete employment application with references.

During an interview on / / at 12:00 pm the Administrator acknowledged that the Manager did not a complete employment application with references on file at time of survey.

Class III

Z816 Background Screening-Compliance Attestation

Based on record review and interview the facility failed to ensure one out of five sampled staff (Manager) did not have a break in services of more than 90 days.

Findings included:

Record review on / / revealed that the facility's Manager, hired / / , Level II background screening was dated / / . Record review revealed the Manager's employment application was not completed and do not have references on file. The facility did not verify that the Manager did not have a

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	AL11965431	R / /
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

break in service of more than 90 days prior to hiring the staff member.

Interview on / / at 12:10 pm the Administrator stated, " I did not know that the background screening needed to be in compliance." Also, the Administrator stated, "I do not know where he used to work, I do not remember."

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965431 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF FAMILY PALACE CORP	7521 WEST 30TH LANE HIALEAH, FL 33018

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) OJ	DATE 2/2/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 9/16/2015	☐ 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
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a **second** standard biennial licensure revisit survey conducted on

, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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** .

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

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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