STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968205	01/20/2016
NAME OF PROVIDER OR SUPPLIER **ALMAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2120 NW 18 TERRACE** **MIAMI, FL 33125**	

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

0000 Initial Comments

A monitoring survey was conducted on / . Almar ALF inc. had deficiencies identified at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment for four out of twelve (#1, #2, #3, and #4) sampled residents within 30 days following the admission to the facility.
Findings included:
Record review on / showed Resident #1 (admitted on /) and Resident #2 (admitted on / /) did not have completed health assessment after the 30 days of the admission to the facility on record for review.
Further record review showed Resident #3 (admitted on)'s health assessment dated did not stated if resident needed assistance with self-administration of medication, administration of medication, or able to administer without assistance. Resident 4 (admitted on /)'s health assessment did not have special diet instructions.
During an interview on / / at at 9:47 AM, Staff B stated I don't know about the health assessment for Resident #1. She stated he was transfer from another ALF (same owner). She stated I assist resident with medications every day. Staff acknowledged deficiencies found.
During an interview on / / at at 10:05 AM, Staff B (caregiver) stated I assist all the residents with self-administration of medication.
Class III

0079 Staffing Standards - Levels

Based on record review and interview the facility failed to have a staffing pattern available to review.

Findings as follow:

During facility tour on / at 9 AM observed the staffing schedule posted was dated for 2015.

Record review showed the facility failed to have an Staffing schedule for the month of 2016 available for review.

On / at 11:00 AM the facility's Administrator stated they had no staffing schedule for the month of

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, available for review.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview, the facility failed to have a menu dated and posted.

Findings included:

Observation on / at 10:30 AM found the Staff prepared lunch for the residents, soup, white rice, and chicken boiled and shredded, fresh banana; fruit cocktail and orange juice.
Record review on / / showed the menu posted on the bulletin board wall was dated / to .

During an interview on / / at 10:31 AM, Staff B (caregiver) stated the menu for the month of is not at the facility. She stated I'm cooking daily food for residents without following the menu because the menu is old. She stated administration did not post the new menu.
Class III

0162 Records - Resident

Based on record review and interview the facility failed to have demographic data for 3 out of 4 (Residents #2, #3, and #4) sample residents.

Findings as follow:

Record review showed the facility failed to have complete demographic data including Social security number, insurance coverage, and emergency contact for Resident #2 (admitted on /), Resident #3 (admitted on), and Resident #4 (Admitted on /).

On / at 10:50 AM the facility's Administrator acknowledged demographic sheets of Residents #2, #3 and #4 were incomplete.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Almar Alf Inc
2120 Nw 18 Terrace
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a monitoirng licensure survey that was conducted on 20, 2016 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

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