STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963972	R 02/29/2016
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 Standard Biennial Revisit Survey was conducted on 02/18/16 and concluded on 02/29/16. Royal of Kendall ACLF Inc had the following deficiencies found at the time of the survey:

0010 Admissions - Continued Residency

Based on observations, record review, and interviews, the facility failed to ensure that one out of three (#1) sample residents met continued residency criteria. The facility failed to have an updated health assessment for two out of three (#1 and #2) sampled residents.
Findings included:
Observations during the facility tour on / / at 11:00 AM revealed Resident #1 appeared to be contracted in bed with full bed rails attached to her bed.
Record review of Resident #1's health assessment (AHCA form 1823) dated on / documented the following: sacral , assistance was needed with all activities of daily living (ADL's), and Resident #1 needed medication administration. Record review found the facility did not have documentation of care for Resident #1.
During an interview on / at 11:42 AM Staff B (caregiver) stated Resident #1 is better. She stated Resident #1 cannot stand. Staff B stated she have problem in both of her feet. She stated I have to lift Resident #1 to place her in the wheelchair. She stated she could not walk and could not assist when transferring. She stated Resident #1's daughter does not want to put her in hospice.
On at 11:42 AM Staff B removed the bed sheets and uncovered Resident #1 feet, observe both feet appeared to be contracted.
On / / Staff B (caregiver) stated I did not have documentation at the facility from a home health agency or other documentation that Resident #1 received services for the sacral . She stated that she does not have any at this time.
Review record of Resident #2's health assessment (AHCA form 1823) dated did not specified if Resident #2 needed assistance with self-administration of medications or administration of medications.
During a phone interview on at 12:31 PM, the facility's Administrator stated I contacted Resident #1's daughters and they are not ready to put her mom in hospice. She stated hospice is waiting for me and her family. She stated that health assessment for residents was done by a doctor and they left it blank.
Uncorrected Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to limit physical to half (1/2) bed rails for two out of three (#1 and 2) sampled residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
		R
	AL11963972	**02/29/2016**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ROYAL OF KENDALL ACLF INC	**12201 SW 93 STREET**	
	MIAMI, FL 33186	

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

Findings included:
During the facility tour on / / at 11:00 AM observed full bed rails attached to Residents #1 and #2's beds.
Record review on showed Resident #1 had a physician's order dated / / for half bed rails and Resident #2 had a physician's order dated / / for half bed rail. The facility also failed to have bed rail consent forms for the residents.
During an interview on at 11:35 AM, Resident #1 stated I move the rail but I can't put it down.
During an interview on at 11:42 AM, Staff B (caregiver) stated the 1/2 bed rail for Resident #1 broke and we attached the full bed rail.
Phone interview on / at 12:31 PM with the facility's Administrator, she acknowledged deficiencies found at the time of survey. She stated I have the ½ bed rail orders here.
Class III

0078 Staffing Standards - Staff

Based on observations, record review, and interview, the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of three (B) sampled staff.
Findings included:
On at 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents.
Record review on / / showed Staff B, hired on / /, personnel file did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .
During an interview on at 12:45 PM, Staff B stated "this is my personnel file. I do not have any more documentation, this is everything that I have."
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 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents.
Record review on / / showed the facility did not have an updated staffing pattern posted for the week of / / to / /. The last schedule posted at the facility bulletin board was from to .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963972	R 02/29/2016
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)

During a phone interview on / at 12:31 AM, the facility's Administrator acknowledged the facility did not have the staff schedule.
Class III

0081 Training - Staff In-Service

Based on observation, record review, and interview, the facility failed to ensure that one out of three (B) sampled staff received in-service training within 30 days of employment.
Findings included:
On / at 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents. Staff assisted residents with activities of daily living (ADLs)
Record review on / showed Staff B, hired on /, personnel file did not have the following in-service training: Elopement Response; Emergency preparedness and Evacuation; Incident Reporting; Residents rights; Recognizing reporting , neglect and ; Nutrition and safe food handling training and ADLs and behavioral need on record for review.
During an interview on / at 12:45 PM, Staff B stated "this is my personnel file. I do not have any more documentation, this is everything that I have."
Class III

0090 Training -

Based on observation, record review and interview, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) within 30 days of employment for one out of three (B) sampled staff.
Findings included:
On / / at 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents. Staff assisted residents with activities of daily living (ADLs).
Record review on showed Staff B, hired on /, personnel file did not documentation of having completed at least one hour training in policies and procedures regarding ( ) on record for review.
During an interview on at 12:45 PM, Staff B stated "this is my personnel file. I do not have any more documentation, this is everything that I have."
Class III

0161 Records - Staff

Based on observation, record review, and interview, the facility failed to have a completed employment application with references on record for one out of three (B) sampled staff.
Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963972	R 02/29/2016
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)

On at 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents.
Record review on / showed Staff B, hired on / , personnel file did not have a completed employment application with references on record.
During an interview on at 12:45 PM, Staff B stated "this is my personnel file. I do not have any more documentation, this is everything that I have.".
Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review, and interview, the facility failed have a completed level II background screening for one out of three (B) sampled staff.
Findings included:
On / at 11:00 AM upon entrance to the facility found Staff B alone at the facility with three residents. Staff assisted residents with activities of daily living (ADLs).
Record review on / showed Staff B, hired on / , personnel file did not have a completed level II background screening.
The background screening database showed Staff B's status as "screening in process."
During an interview on at 12:45 PM, Staff B stated "this is my personnel file. I do not have any more documentation, this is everything that I have."
Unclassified

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 standard biennial revisit survey concluded on ', 2016by 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com