STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965853	02/23/2016
NAME OF PROVIDER OR SUPPLIER **BOSCH ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3060 NW 19 TERRACE** **MIAMI, FL 33125**	

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

0000 Initial Comments

A Complaint Services (CCR # 2015012976) was conducted on . Bosh Alf, Inc. with Limited Mental Health and Limited Nursing Services components had the following deficiencies found at time of survey:

0077 Staffing Standards - Administrators

Base on record review and interview, the facility failed to identify in writing a Manager to supervise the facility in the absence of the Administrator.
Finding included:
A review of AHCA Facility Provider Database revealed that the Administrator is listed as the Administrator of record for two Florida assisted living facilities.
Record review on showed that facility had posted a delegation of authority letter on the bulletin board identifying Staff B and C to act and assume responsibility for the facility and residents on behalf of the Administrator in her absence dated / . Further record review showed that neither Staff B or C passed the required Administrator's CORE training or certification examination.
During an interview on at the exit conference, the Administrator acknowledged stated "I have to do a new letter with the manager name."
Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have a written work schedule that accurately reflected its 24-hour staffing pattern.
Findings included:
Observation on at 8:45 AM showed that Staff B was at the facility assisting six residents with activities of daily living (ADLs). Further observation showed that the Administrator arrived at 9:55 AM.
Facility record review on showed that staffing pattern posted on board was for the month of 2016 and did not specify the weeks. The posted schedule showed that Staff # C was scheduled to be on duty with the Administrator and that Staff #B was scheduled to be off duty at the time of the survey.
On at the exit conference, the Administrator stated "I need help to do my staffing schedule. I have this schedule for 6 years and I never have any issue. Staff C is on vacation."
Class III

Z814 Background Screening Clearinghouse

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

Base on record review and interview, the facility failed to register its current staff roster in thee AHCA Bacground Screening Database Clearighouse clearinghouse.

Finding included:

Record review on showed that the facility did not have any staff registered with the Agency Clearinghouse, including A (administrator) hired on , Staff B (hired on), Staff C (hired on), Staff D (manager, hired on).

During an interview on , at the exit conference , the Administrator stated that she was unaware of the requirement to register the staff with the clearinghouse.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Base on record review and interview, the facility failed to have one out of four individuals (Staff D). for whom the last Level II background screening was conducted was between , 2009, through 31, 2011, be rescreened by , 2015.

Finding included:

Record review on showed that Staff D, (hired on) did not have an updated eligible Level II Background screening result rescreened on record for review. The last screening was done on .

During an interview on at the exit conferences that facility Administrator stated that she was unaware of this requirement since the background screening is usually valid for five years.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bosch Alf, Inc
3060 Nw 19 Terrace
Miami, FL 33125

RE: CCR #2015012976

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2015012976
XG90

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