

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966998	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER ARMERO TORRES ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 NW 52 STREET MIAMI, FL 33142	

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

0000 Initial Comments

A Standard Biennial survey was conducted on [redacted] at Armero Torres Alf, Inc. There were deficiencies found at the time of survey.

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have one out of three (B.) sampled employees trained in 2 hours of assistance with self-administration of medications.

Findings included:

Record review revealed Employee B. (caretaker)'s last medication training expired on [redacted]. Employee B. did not have the updated training in assistance with self-administration of medications.

Interviewed the Administrator on [redacted] 5:00 PM, she confirmed the findings in regards to Employee B not having the updated training in assistance with self-administration.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2016

Administrator
Armero Torres Alf, Inc
3011 Nw 52 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on January 1, 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 January 1, 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

XG90

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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida