STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967910	04/01/2016
NAME OF PROVIDER OR SUPPLIER **PAULA PEREZ ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **952 S W 136 PLACE** **MIAMI, FL 33184**	

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

0000 Initial Comments

A monitoring survey to check on the residents was conducted on . . . I/_ . . . Paula Perez ALF Inc with Limited Mental Health component had deficiencies at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observations, record review, and interview, the facility failed to limit physical to half (1/2) bed rails for 1 of 6 (#2) sampled residents.

Findings included:

Facility tour observations on . . . I/ . at 12:20 PM found Resident #2's bed with bed rails on the front and back of the bed.

Interview with Resident #3 on . . . I/ . at 12:35 PM revealed Resident #2 used both bed rails at night, staff at the facility makes this arrangement for Resident #2.

Record review found Resident #2 found a half bed rail order dated . . . . The facility did not have any other bed rail orders for Resident #2.

Class III

0160 Records - Facility

Based on observations, record review, and interview, the facility failed to have an up to date admission and discharge log. The facility also failed to have annual an emergency management plan approval and fire inspection. The facility failed to ensure that they had liability coverage all times.

Findings included:

Facility tour on I/ at 12:29 PM found the facility had a census of six residents.

Record review found the facility did not have Resident #6 listed on the admission and discharge log. Resident #6's demographic sheet showed he was admitted to the facility on I/ .

Interview with the Administrator on . . I/ at 1:56 PM confirmed Resident #6 was not listed on the admission and discharge log.

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Record review found the facility's last liability insurance coverage expired on (one year coverage). Record review found the facility renewed the liability insurance policy on . The facility did not provide any documentation to show they had liability coverage between to 30, 2016.

Record review showed the facility's last emergency management plan was last approved in 2014. The facility's last fire inspection available for review was dated .

The findings were review with the Administrator on at 12:36 PM, he confirmed that the documentation was not at the facility for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Paula Perez Alf Inc
952 S W 136 Place
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a monitoring 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 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com