STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	04/06/2016
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Alfonso's ALF Inc with Limited Mental Health component had the following deficiencies found at the time of the survey:

0082 Training -

Based on interview and record review, the facility failed to provide documentation of providing an education course on and for two out of three sampled employees (Staff A and C).

Findings include:

Review of Staff A and C records on at 10:00 AM did not contain documentation of the one-time course on and . Staff A was hired on and Staff C was hired on / / .

Interview conducted on at 2:30 PM, Staff A, administrator stated that they received training but she was unable to provide the documentation at the time of the survey.

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have proof of a satisfactory fire inspection. The facility failed to provide proof of documented resident elopement response drills.

Findings included:

Review of facility's records showed that there was not current satisfactory fire inspection for review during the survey. Review of the elopement drills showed that the most current resident elopement drill on file was done on .

Interview conducted on at 2:30 PM, Staff A, administrator stated that the facility has a current fire inspection but the document was not in the facility at the time of the survey. She confirmed that the last elopement drill was conducted on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0162 Records - Resident

Based on record review and interview, one out of four resident records reviewed (Resident #2) did not contain a resident contract with the facility executed at or prior to admission.

Findings include:

Record review on at approximately 10:00 AM showed that for Resident #2 admitted on , the facility had not executed a contract with the resident.

Interview conducted on at 2:30 PM, Staff A, administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #2.

Class III

L243 LMH - Trainina

Based on record review and interview, the facility failed to maintain documentation of having completed at least 3 hours training of Limited Mental Health continuing education for two out three (Staff A and B) facility staff. .

Findings include:

Record review for Staff A, administrator and Staff B, caregiver had no documentation of having completed at least 3 hours training of Limited Mental Health continuing education. Staff A, administrator last training was dated and Staff B, last training was dated / .

Interview conducted on at 2:30 PM, Staff A, administrator stated that they received 3 hours training of Limited Mental Health continuing education but she was unable to provide the documentation at the time of the survey.

Class III

Z814 Backaround Screenina Clearinahouse

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation, record review and interview, the facility failed to register the employees in the clearinghouse for three out of three (Staff A, B, and C) sampled staff.

Findings Include:

Observation on at 9:30 AM showed Staff B and C were in care of the residents and providing personal services to them.

Staff schedule review showed that Staff A, B, and C were scheduled to work at the facility.
Clearinghouse review showed that the facility did not register any employee.
Interview conducted on at 2:45 PM, Staff A, administrator stated she they did not register any employee in the clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alfonso's Alf Inc
17010 Sw 100 Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a standard biennial 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
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