STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0000 Initial Comments

A complaint (2016001352) survey was conducted on and concluded on . Winston's ALF with Limited Mental Health component had the following deficiencies:

0079 Staffing Standards - Levels

Based on observations, record reviews, and interviews, the facility failed to ensure 4 of 4 (#1, #3, #4, and #5) residents had qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs. The facility also failed to have complete staff and resident records. The facility failed to maintain a written 24-hour staffing pattern.

Findings included:

1. Upon arrival to the facility on at 6:50 am, observed four residents in the facility with Staff A and B. Facility tour observations on at 6:55 am revealed, the facility's living very dark, there were no light fixtures or lamps with working light bulbs available. The facility's kitchen had a dining with stained chairs. The refrigerator had a used chocolate milk carton, two egg cartons which expired on , multiple loaves of expired bread, and a jar of butter. The freezer had one container of chopped spinach and a whole chicken. The refrigerator had black stains throughout which appeared to be mold. The facility's last health inspection was on . The facility did not have any beverages, milk, fruit, vegetables, protein, or starches available for the residents at the time of survey in the refrigerator or in the cabinets.

The facility's menu posted on the refrigerator was not dated. The menu documented that residents were scheduled to be served assorted juices, dry or hot cereal, bread with margarine, eggs, and milk for breakfast on Sunday and Monday . Lunch on was fish filet on a , baked fries, Cole Slaw, and fruit cocktail. Dinner on was BBQ chicken, potato salad, bake beans, mixed salad with salad dressing, cake or pie. The facility did not have any substitutions noted on the menu. The facility also did not have the menu items at the time of the survey.

During interview with the Administrator on at 8:47 am, he stated, the menu posted was not being followed because he buys the residents' dinner at night. He reported, the refrigerator and cabinets did not have food because meals were catered. The Administrator was not able to present a catering contract. He explained, he buys the residents' meals from fast food restaurant and other restaurants.

2. Staff A stated on at 6:50 am that she worked for the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

Record review found Staff A did not have a record at the facility which included a completed employment application, an eligible level 2 background screening, and the required training to care for a census four residents. The background screening results showed Staff A had been employed by the facility since , per the employee roster, but needed "a new screening."

On at 7:10 am Staff B was observed pouring cereal and milk in a bowl for Resident #4. The cereal box and milk was brought into the facility by Staff B from another home on the grounds of the facility.

Record review found Staff B did not have a record at the facility which included a completed employment application, an eligible level 2 background screening, and the required training to care for a census of four residents. The background screening website revealed Staff B did not have a background screening.

Record review found the facility did not have a staffing pattern available for review. The facility is required to have a minimum of 168 staffing hours per week for a census of four residents. The facility did not have time sheets available to review or any verification of staffing hours other than the posted staff schedule. The facility also did not have staffing records for the Administrator and Staff C which included completed employment applications, eligible level 2 background screenings results, and the required training. The facility failed have any evidence that staff members (Administrator, Staff A, B, and C) completed First Aid and training.

During interview with the Administrator on at 8:58 am, he stated, the facility does not have residents during the day so they do not have any staff then. He confirmed, the facility did not have a staffing pattern or any staff records to review.

3. Resident #1 was admitted to the facility on / . Record review found Resident #1's health assessment dated / had a medical history of ( ) and ; the and behavior status section documented persistent and denial of illness, contact with reality and cognition; the nursing care section documented "patient ( ) requires special nursing services or interventions." The facility did not have a record for Resident #1 other than the health assessment. They did not have a completed demographic sheet, executed contract, or informed consents for service.

During interview with Resident #1 on at 7:15 am, he stated, I've been here 8 or 9 months. He doesn't like living here. They stole my property, two or three months ago. I don't like living here."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

The Administrator stated on at 7:31 am, no one steals Resident #1's items. He takes items from the facility and other residents. The facility does throw away his papers when his dresser drawers become unmanageable.

Resident #3 was admitted to the facility on . The facility did not have any records for Resident #3 including a completed health assessment, demographic sheet, executed contract, or informed consents for service.

Resident #4 was admitted to the facility on . Record review found Resident #4's health assessment dated had a medical history of ( ); the and behavior status section documented residual ; the service section requirements documented "needs constant supervision and redirection." Resident #4 was identified as an elopement risk on the health assessment, but the facility did not have an elopement assessment or a picture of the resident available for review. Resident #4's assessment also documented, he "required 24-hour nursing or care." The facility did not have a record for Resident #4 other than the health assessment. They did not have a completed demographic sheet, executed contract, or informed consents for service.

During interview with Resident #4 on at 7:31 am, he stated when asked about the food at the facility, "trouble with food."

Resident #5 was admitted to the facility on . Record review found Resident #5's health assessment dated had a medical history of ( ) and ( ). The medication mode was not completed on the assessment. The facility did not have a record for Resident #5 other than the health assessment which was incomplete. They did not have a completed demographic sheet, executed contract, or informed consents for service.

During interview with the Administrator on at 7:36 am, he revealed, the facility did not have resident records for Resident #1, #3, #4, and #5. He reported that his records were electronic, but he had the health assessment for three out of the four residents that lived in the home.

4. Record review found the facility did not have medication observation records for Residents #1, #3, #4, and #5.

The following medications were locked up in the facility's kitchen cabinet:

Resident #1
5 mg dated
250 mg

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

Resident #3
No label on the medication named

Resident #4 bedtime medications received by the facility on / per bingo cards
MES 1 MG- (5 medication bingo punches 26-30)
500 mg- (5 medication bingo punches 26-30)
1 mg- (5 medication bingo punches 26-30)
Resident #5
TMP
500 mg
25 mg
5 mg

During interview on / at 8:25 am, the Administrator stated Resident #1 refused to take his medications, but he acknowledged, the facility did not have any documentation of this. He stated, Resident #4 takes all his medications, but again he had no documentation of when the medications were received from the pharmacy. The Administrator stated, Residents #3 and #5 take their meds, but the facility did not have medication records.

Class II

0160 Records - Facilitv

Based on record review and interview, the facility failed to have an up to date admission and discharge log. The facility also failed to have an annual satisfactory health inspection.

Findings included:

1. Facility tour on at 6:50 am found the facility had a census of four residents (#1, #3, #4, and #5) and one discharged resident (#2).

Record review revealed the facility did not have an admission and discharge log available for review during the survey.

Interview with the Administrator on / at 7:36 am revealed the facility did not have an admission and discharge log.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON'S ALF	6951 NW 5TH CT MIAMI, FL 33150

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

2. Record review found the facility's last health inspection was dated . The facility did not have an updated satisfactory health inspection available for review at the time of survey.

On at 8:10 am the Administrator confirmed the last health inspection was completed last year.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview, the facility failed to have the eligibility results of 2 of 4 (Administrator and Staff C)'s level 2 background screening and the signed attestation in the personnel records.

Findings included:

Record review found the facility did not have records for the Administrator and Staff C. Record review showed the Administrator and Staff C did not have the eligibility results from their background screenings and the signed attestations available fore review during the survey.

Interview with the Administrator on at 8:58 am confirmed that the background screening results were not at the facility.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on observations, record review, and interview, the facility failed to ensure that 2 of 4 (Staff A and B) sampled staff had eligible level 2 background screenings prior to being left alone with a census of four residents.

Findings included:

Upon arrival to the facility on at 6:50 am, observed four residents in the facility with Staff A and B.

Staff A stated on at 6:50 am that she worked for the facility.

Record review found Staff A did not have a record at the facility. The background screening results

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	04/22/2016
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

showed Staff A had been employed by the facility since , per the employee roster, but needed "a new screening."

On / at 7:10 am Staff B was observed pouring cereal and milk in a bowl for Resident #4. The cereal box and milk was brought into the facility by Staff B from another home on the grounds of the facility.

Record review found Staff B did not have a level 2 background screening. The background screening did not have any matches for Staff B.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150
RE: CCR #2016001352

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was concluded 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. **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

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150

Dear Administrator:

This letter reports the findings of a complaint 2016001352 inspection survey conducted on and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= Class II

Directed Corrective Actions:

- The facility must ensure residents have qualified staff present at all times to provide resident supervision in accordance to residents' schedule and unscheduled services. The facility must provide and have an accurate staff schedule with staffing hours posted in the facility at all times. **This shall be completed by** .

- The facility shall maintain completed employee records for all employees on the facility's premises at all times. These employee records shall contain a copy of the employment application, with references furnished, documentation verifying freedom from signs or symptoms of communicable , documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under State regulations. **This shall be completed by** .

- The facility shall maintain completed residents records for all residents on the facility's premises at all times. These resident records shall contain completed demographic information, an executed contract, completed and current health assessments, and written documentation of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. **This shall be completed by** .

- The facility must ensure that all residents are reassessed for the appropriateness of continued residency and that these assessments are recorded on AHCA form 1823. These assessments must be kept in resident records, on file at the facility and available for the agency review. **This shall be completed by** .

- The facility shall serve residents a balanced variety of at least three meals per day. The facility shall ensure that the residents' diet orders are followed, if the facility is unable to comply with the diet orders the residents shall be discharged. The facility shall have all regular and therapeutic menus reviewed by a licensed or registered dietitian after meeting with the residents in menu planning by State regulations. The meeting with the residents shall be documented and conducted. **This shall be completed by** .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 or Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR