STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965827	R
NAME OF PROVIDER OR SUPPLIER **ALF SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10844 SW 154 TERRACE MIAMI, FL 33157**	

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

0000 Initial Comments

A Standard Biennial Survey revisit was conducted on . ALF Sevilla Home Care Corp. with Limited Mental Health component had the following deficiencies found at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to appoint a separate Manager for each facility although the Administrator supervised two facilities.

Findings included:

Facility record review on showed the facility did not have an appointed Manager for each facility the Administrator supervised. The Administrator supervised two facilities.

A review of the Agency's Facility Provider database confirmed that the Administrator supervised two facilities.

On at 11:00 AM Staff A stated "The facility administrator supervised this facility. We hired an administrator for the other facility."

Uncorrected Class III

0083 Training - First Aid and

Based on record review and interview the facility's personnel records did not include evidence of First Aid and training for one out of one (Staff F) sampled staff.

Findings included:

Facility visit on at approximately 10:00 AM revealed that Staff F was on duty alone and caring for the residents.

Record review and request for Staff F's personnel records on revealed that no record was available in the facility for this Staff.

On at 11:00 AM, Staff C stated "Staff F is not a facility staff. I left Staff F in charge of the

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facility. I needed to go the store to buy cigarettes. Staff F is a resident's family member."

Uncorrected Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview the facility failed to provide evidence of an eligible Level II background screening for one out one employees (Staff #F).

Findings include:

Facility visit on at approximately 10:00 AM revealed that Staff F was alone in the facility caring for the residents.

Record review and request for Staff F's personnel records revealed that no record was available in the facility for this Staff.

On at 11:00 AM, Staff C stated "Staff F is not a facility staff. I left Staff F in charged of the facility. I needed to go the store to buy cigarettes. Staff F is a resident's family member."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016
AMMENDED

Administrator
Alf Sevilla Home Care Corp
10844 Sw 154 Terrace
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey that was conducted on 8, 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) 593-5100.

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