STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	04/14/2016
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Complaint Survey (CCR#2016002427) was conducted from to . A-1 Assisted Living Facility had deficiencies found at time of the survey:

0125 Fiscal - Suretv Bonds

Based on record review and interview, the provider failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income. The facility accepted and deposited beneift checks for two out of seven (#1 and #4) sampled residents.
Findings included:
Record review showed that Resident #1' admitted on ../ . went to the Hospital. Per facility owner statement she was the health care surrogate for Resident #1'.
A review of the closed record for Resident #4 revealed that the resident's monthly Supplemental Security Income (SSI) check and Social Security Benefit (SSA) checks were mailed to the facility. The facility's name and Resident #4's name were on the SSI check for the for the amount of $ 430.00 and on the SSA check for the amount $ 240.00.
Record review showed that the facility owner had designation as health care surrogate for Residents #2 and 4 in her name dated ./ .
Record review showed that the facility did not have a surety bond available for review during survey.
During an interview on at 2:30 PM facility owner stated that she does not need to inform Resident #4's sister that the resident was transferred to the hospital because the owner was the designated health care surrogate for Resident #4. The facility owner further stated "I do not have the surety bound for reviewed. I will fax it to you." The surety bond documentation was not received at the office for review.
Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide privacy to residents . The facility also failed to provide a clean environment.
Findings included:
Observation on at 8:30 AM during the facility tour, observed that resident #1, #2, #3 and the in the hallway that been use by resident did not have locks on the doors.
Furthermore observed that wall that divided the living the kitchen was under repair and needed to be painted.
During an interview on ./ . at 1:55 PM Resident # 7 stated that facility his not have a locker and he does not feeling comfortable with that. He stated I need privacy

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During an interview on / / at 2:30 PM, the facility Owner acknowledged that and not have locks on the doors, stating "I will paint and put lock on the doors."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

RE: CCR #20160022427

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 14, 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

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