STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	R
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 (CCR #2016001352) revisit survey was conducted on at Winston's ALF with Limited Mental Health component. At the time of the revisit survey the following deficiencies were identified:

0079 Staffing Standards - Levels

Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 3 (#1, #2, and #3) residents had qualified staff to provide residents supervision, and to provide or arrange for residents' services in accordance with the residents scheduled and unscheduled service needs. The facility also failed to have complete staff and resident records.

Findings included:

1. Record review found the facility did not have qualified staff to provide care and services to meet the scheduled and unscheduled needs of Residents #1, #2, and #3 who required assistance with activities of daily living and had and mental health diagnoses.

The facility was given a directed plan of correction dated . The facility was directed to have completed employee records with training and other required documentation to meet the needs of the residents.

Record review found the Administrator's file (hired on -) did not have documentation of a high school diploma or G.E.D. There was no documentation of the following trainings, required to be completed within 30 days of employment: / training, and 4 hours of medication training (certificate did not document how many hours of training received). The file also did not have proof of First Aid and training or limited mental health training within 6 months of employment. The Administrator did not have a statement from a health care provider which showed he was free from communicable including within 30 days of employment. The staff schedule showed the Administrator is scheduled to work from 7:00 PM to 7:00 AM alone from Sunday to Saturday (7 days a week).

Record review found Caretaker B's file (hired on - -) did not have documentation of the following training which are required to be completed within 30 days of employment: control, reporting adverse incidents and emergency procedures, resident rights with recognizing and reporting , neglect, and , resident behavior and activities of daily living training, elopement training, / training, and 4 hours of medication training (certificate did not document how many

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hours of training received). Caretaker B's file also did not have proof of First Aid and training or limited mental health training within 6 months of employment. The file did not have a statement from a health care provider which showed that the Caretaker was free from communicable including within 30 days of employment. The staff schedule showed Caretaker B is scheduled to work from 7:00 AM to 7:00 PM alone from Sunday to Saturday (7 days a week).

The Administrator was interviewed on - at 9:30 AM in regards to having staff training records and documents. He reported, these records and documents were not in the files.

2. Resident #1 was admitted on . Record review of Resident #1's health assessment dated had a medical history of ( ) and ( ). The and behavioral needs were gait abnormality. Resident #1 did not have a signed consent form for unlicensed staff to assist with medications. Medications for Resident #1: (Treating caused by certain) 500 mg taken at 7:00 AM and (an medication) 25 mg taken at 7:00 AM.

A medication pass observation on - at 7:00 AM revealed, the Administrator was observed assisting Resident #1 with his morning medications. The Administrator did not explain the process or tell Resident #1 which medications he took.

Resident #2 was admitted on -. Record review of Resident #2's health assessment dated - had a medical history of , Crohn's , and Residual . The and behavioral needs were Residual and behavior. The resident's consent form for unlicensed staff to assist with medications was not signed. Resident #'s contract was also not signed or dated.

Medications for Resident #2 include: (blockers for) 25 mg (milligrams) take at 8:00 AM, (an medication) 1 mg take at 8:00 PM, (an anticholenergic) 1 mg take at 6:45 PM, (anti- drug) 500 mg take at 8:00 AM, (used to treat high) take at 6:45 AM 20 mg.

Observations on - from 6:30 AM to 9:30 AM revealed, Resident #2 did not receive his morning medications from the facility's staff.

Resident #3 was admitted on . Record review of Resident 3's health assessment dated had a medical history of , precautions, and History. and behavioral needs: can follow commands, can be redirected, and . Resident #3 needed assistance with bathing, dressing, and . The consent for unlicensed staff to assist with

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medications was not signed. Resident #3's contract was also not on signed.

Medications for Resident #3 included: (a used to treat) 20 mg take at 7:00 AM, Pantoprozole (a proton pump inhibitor) 40 mg take at 7:00 AM, (anti- drug) 500 mg take at 7:00 AM, (treat various types of) ER 250 mg take at 9:00 PM, (medicine) 2 mg take at 7:00 AM, (used to treat) 10 mg take at 7:00 AM.
Observations on - from 6:30 AM to 9:30 AM revealed, Resident #2 did not receive his morning medications from the facility.
On - at 9:30 AM, the Administrator was questioned regarding the medications but there was no answer.

3. Upon arrival to the facility on - at 6:30 AM, observed Caretaker B alone caring for three residents. Observations found the living dark. The lamp on the table next to the couch was not working. The kitchen had a foul odor; there were empty juice containers on the stove; unclean dishes in the sink; the trash had not been taken out; and there were gnats, moths, and flies observed. There was a sticky substance on the floor next to the table. There was peeling paint and plaster on the wall next to the table.

Further observations during tour on - after 6:30 AM found the residents doors did not have door knobs. In resident # observed three bags of clothes on the floor and a pile of soiled clothes on the dresser. In resident # , the window was missing a screen. The resident knob was hanging off on the door. Observed an area of un-painted plaster in the residents' the shower stall. The shower window did not have a screen. The had a pile of soiled clothing.

Record review found the facility had the following violations on their last health inspection dated :
(#17) Maintenance-Get weather strip for back door in kitchen.
(#20) Cleaning/Odors-empty kitchen garbage more frequently so flies do not breed.
(#24) Sanitary Facilities-repair handle
(#27) Infestation/Presence-Continue to have exterminator visit in regards to few droppings under the kitchen sink.
(#28) Screening-Screen to keep out small flies.

The physical plant findings were reviewed with the Administrator on - at 9:30 AM. The Administrator stated that the facility was cleaned.

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Uncorrected Class II

0093 Food Service - Dietary Standards

Based on record review, observation, and interview, the facility failed to have a dated menu.

Findings included:

Record review found the facility's menu was posted on the bulletin board in the front of the facility but was not dated. The menu documented that residents were scheduled to be served (Assorted juices (4 oz), Dry cereal (3/4 cup) or hot cereal (1/2 cup), Bread (1 slice), Margarine (1t), and milk (8 oz).

Observations on at 6:30 AM to 8:00 AM found residents were not served breakfast.

Interviewed the Administrator on - at 7:00 AM, he stated, the residents did not eat breakfast or lunch at the facility because the residents went to their programs during the day. When asked about dinner, the Administrator did not have an answer.

Class III

0160 Records - Facility

Based on observation and record review, the facility failed to have an up to date admission and discharge log.

Findings included:

Facility tour on - at 6:30 AM revealed, the facility had three residents.

Record review found the admission and discharge log had four residents documented in the log.

Interview with the Administrator on - revealed the facility had three residents.

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968870 (Y1)	A. Building B. Wing (Y2)	(Y3)

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

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix AZ813 Reg. # 59A-35.090(3)(c), FAC LSC	Correction Completed	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	(initials)	5/18/16		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
4/22/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: R3S712

STATE FORM: REVISIT REPORT ( )

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 revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

Enclosure
AMD:ve

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com