STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	R /
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 follow up was conducted on . . . I/ . . Alfonso's ALF Inc. (License # 11816) with Limited Mental Health component had the following deficiencies found at the time of the survey:

0160 Records - Facilitv

Based on observaton, record review and interview the facility failed to have an accurate Admission and Discharge log.

Findings:

On . . . . I/. . . . at 8:35 a.m. resident #6 was observed in the facility.

Record review showed the facility had no resident #6 in the Admission and Discharge log.

On . . . . I/ . . . at 9:00 a.m. the Manager stated the facility failed to have Resident #6 in the admission and discharge log because the resident was admitted 2 days ago.

Class III

0162 Records - Resident

Based on observation, record review and interview, the facility failed to have 1 of 6 (resident #6) resident contracts with the facility executed at or prior to admission.

Findings include:

On . . . . /. . . . at 8:35 a.m. resident #6 was observed in facility.

Record review showed the facility had no a Contract executed with resident #6.

On I/ at 9:00 a.m. the facility manager stated, the facility has no a Contract or other documentation for Resident #6 because the resident was admitted to the facility 2 days ago.

Class III

L243 LMH - Training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	R /
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)

Based on record review and interview, the facility failed to maintain documentation of having completed the Limited mental health training (6 hours) and Limited Mental Health continuing education training (3 hours) for 2 of 4 (Staff D and B) facility staff.

Findings include:

Record review showed, the facility failed to have documentation of the Limited Mental Health training (6 hours) for Staff D. There was also no documentation of the Limited Mental Health continuing education training (3 hours) for Staff B.

On / / at 9:00 AM, the Manager (Staff C) acknowledged the facility did not have the Limited mental Health training (6 hours) for Staff D and the Limited Mental Health continuing education training (3 hours) for Staff B available for review.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register 5 of 5 (Staff A, B, C, D and E) Staff on the Background Screening Clearinghouse roster.

Findings:

On / / at 8:35 a.m. Staff A was observed in facility taking care of residents.

Record review showed, Staff A, B, C, D, and E were on the Facility Staffing Schedule.
Clearinghouse website review showed, the facility had no Employees registered at mentioned website.
On / / at 9:00 a.m. the Manager acknowledged the facility did not register Staff at mentioned website.

Unclassified

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 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

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