STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	05/26/2016
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Monitoring Survey was conducted on , 2016. ALF Family Palace Corp. (License # 9785) with Limited Mental Health had the following deficiencies identified at time of survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have updated Residents ' (1, 2 and 3) health assessments (AHCA1823 Form) after significant changes in activities of daily living and health condition.

Findings included:
Record review on / to Resident #1 ' s (admitted on /) Form 1823 (dated on) reflected , , , amniotic fluid, Hearth Failure, and

Interview on / at 9:32 am to Resident #1 ' s stated, " My mother will go to the hospital, she was at the Hospital at last week; she has . Last night, her sugar was 500, which surprise us because she was not , and she is becoming one. She has again. I will take her to the Hospital this time. "
Record review on / to Resident #2 ' s (admitted on /) 1823 did not have weight, height and information.
Record review on / to Resident #2 ' s admitted on (/) Form 1823 (dated on /) reflected , , , , , , , and . Unsteady Gait, Decrease Memory, , precaution and .
Interview on at 12:25 pm to Resident #2 ' s family member stated, " My father has been behaving like that two weeks ago. He started to yell, " I am ; I am . " However, he is taking a new medication ordered by his psychiatrist, and he is doing much better now. I am happy with the care the facility provides to my father. He has , his doctor was here two weeks ago, and my father is taking anti-depressant because he was yelling " I am . "
Observation on at 12:30 pm during lunch time showed Staff B feeding Resident #3.
Record review on to Resident #3 ' s (admitted on /) 1823 Form (dated /) stated, " Needs supervision eating. " Also, it did not have Resident #3 ' s weight information.
Interview on at 1:00 pm to Staff B stated, " I feed her because I want that she eats all her food. "

Interview on at 1:05 pm to Staff A acknowledged that Residents #2 was missing weight, height, and " information, and Residents # 1 was missing weight information. Staff A also confirmed that

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	**05/26/2016**
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE HIALEAH, FL 33018**	

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

Resident #1 had changes in her health condition and Resident #2 , too. "
Class III

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in hospitalization for two of five residents (#s 1, 2 and 3)

Findings included:
Observation on around 9:20 am showed five residents in the facility. Resident #1 was seating at the living area waiting to be picked up for ambulance.
Record review on to Resident #1 ' s (admitted on / /) Form 1823 (dated on) reflected , , , , , amniotic fluid, Hearth Failure, , and .
Record review on to Resident #1 ' s Progress notes (dated / /) stated, " She is doing fine, good appetite, social and active using her walker " Progress notes on / / " She continues well and w/ good appetite, she is tranquil and "
Record review on to Resident #1 ' s Medication Observation Record reflected from / at 8:00 pm - signed as " H " equal to Hospital.
Record review on to Resident #2 ' s admitted on (/) Form 1823 (dated on /) reflected , , , , , , and . Unsteady Gait, Decrease Memory, precaution and .
Record review on / to Resident #2 ' s progress notes dated on / / states, " He continues fine, he is social and active, he is in good spirits and likes living here. " Also progress notes on states, " He remains in good spirits, he appears social at others, active and in good spirits. "
Observation on / at 11:10 am to Resident #2 revealed that he started to move back and forward, and he stated, " I am , I am short of breath, I am . " Resident #2 stood up, and he walked back to his lain on the bed again.
Interview on at 9:32 am to Resident #1 ' s stated, " My mother will go to the hospital, she was at the Hospital at last week; she has . Last night, her sugar was 500, which surprise us because she was not , and she is becoming one. She has again. I will take her to the Hospital this time. "
Interview on / at 12:12 pm to staff A stated, " Resident #2 has been like that since he moves to this facility. Staff A restated, " He does it for times, when you came he was quite; he is like that. "
Record review on to Resident #2 ' s Medication Observation Record (MOR) indicated that he

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	05/26/2016
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

started new medications on . Resident #2 ' s MOR reflected the following medications: 10 mg tab (am) and 5 mg tab.
Interview on at 12:07 pm to Resident #5 stated, " Resident #1 makes a lot of noise at midnight and very early in the morning around 5:00 am ; he is drinking medications, but is not working, he insult the people and starts to say, " I am ." The doctor was here recently, two weeks ago. "
Interview on at 12:25 pm to Resident #2 ' s family member stated, " My father has been behaving like that two weeks ago. He started to yell, " I am ; I am ." However, he is taking a new medication ordered by his psychiatrist, and he is doing much better now. I am happy with the care the facility provides to my father. He has , his doctor was here two weeks ago, and my father is taking anti-depressant because he was yelling " I am ."
Interview on at 1:20 pm to Staff A stated, " Resident #2 has two weeks that he does not want to go out of his bed, and his changes his medications.
Observation on / at 1:20 pm revealed Staff A read through Residents #s 1 and 2 progress notes and observation log. Then, Staff A confirmed that there was no written information regarding Resident #1 hospitalization and changes in health condition. Also, Staff A confirmed that there was no written information regarding Resident #2 changed of behavior and medications. "
Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview, the provider failed to ensure to keep medication properly storage and locked at all times.

Findings included:

Observation on at 10:12 am revealed medications (Stomach Relief, Liquid, and) inside of the refrigerator unlocked and unlabeled.

Interview on at 10:12 am to staff B stated, " these medications belong to Resident #1; she has been feeling stomach sick. "
Interview on at 10:55 am to the Staff A states, those medications inside the refrigerator belongs to Resident #1 ' s daughter; she put them inside of the refrigerator when she comes to take her to the hospital and forgets to take them. "

Class III

0077 Staffing Standards - Administrators

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	05/26/2016
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

Based on record review and interview facility failed to ensure their designated manager serve as an administrator of another facility. Facility failed to ensure Administrator's Assistant (Manager) has the same qualifications and/or requirements as the Administrator.

Findings included:

Record reviewon / at 10:10 am revealed Staffing Pattern shows the Manager included as facility ' s staff.

Record review on at Facility Finder revealed facility ' s Administrator was also assigned as an Administrator at ALF Family Solution.

Record review on to Facility Finder revealed facility ' s manager named was different than the one reflected on the staffing pattern posted on the facility ' s board at time of survey.

Record review on / to Staff D ' s record revealed that she did not have CORE ' s documentation at the time of survey.

Record review on / to Staff D showed that she was hired on / and took the Core education training (26 hours) on / /, and had the continue CORE education from -
Interview on at 11:02 am to Staff A stated, " The new manager is [ ]; she recently took the CORE ' s exam; she did not passed the CORE ' s training, but she will take the CORE ' s training again next week, I can send you the prove next week on Monday. However, Staff B also will take the CORE ' s training to take the CORE ' s exam, too. "
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a safe living environment that is free of hazards.

Findings included:

During the facility tour on at 9:40 am, observation revealed the backyard had two mattresses at the rear side of the facility. The wood fence of the left side was loose. There was a wood stand with stuff on top, and it was not secured to the wall. There were debris of bricks, and a pile leaking water, which was.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	**05/26/2016**
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

On at 12:53 pm, Staff A stated that Resident #1 just received a new bed, and I put the mattress at the backyard to wait for the big garbage truck, I cannot put them outside because I will be cited by the city. " Staff A also stated, " I did not know that the duct is leaking water, and it is , I did not know, and I will fix that."

Class III

0160 Records - Facilitv

Based on observation, record review and interview the facility failed to update the admission / discharge log for one out of five sample (#6) residents.

Findings included:

Observation on at 9:30 am during facility tour revealed that there were five residents living in the facility at the time of survey.

Record review of the facility ' s admission/discharge log revealed that there were six residents living in the facility.

Interview on at 11:49 am to Administrator states, " Resident #6 left facility yesterday; however, he is still on the admission/discharge log as resident. "
Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of five (Resident #1) sampled residents.

Findings included:

Record review on to Resident #2 ' s family member signed her record (documents) dated on .

Record review on revealed that Resident ' s family member did not have in file a health care surrogate appointed, health care proxy, guardian or a power of attorney for resident #1.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	05/26/2016
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

Interview on / / at 12:00 pm to Administrator revealed that Resident #1 ' s family member did not have the documentation mentioned above.

Class III

Z814 Background Screening Clearinghouse

Based on observation and record review, the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings:

Record review on to facility ' s staffing pattern reflected that there were six staffing working in the facility.

Record review on / to the facility ' s background screening website showed the facility did not register its employees to the facility's roster.

Interview on / around 11:00 am to Staff A stated, " I did not have the Staffs register on the clearinghouse website because I cannot get in to register them. "

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a monitoring 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
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