STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965682	06/01/2016
NAME OF PROVIDER OR SUPPLIER **ROYAL GREEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 SW 4 STREET** **MIAMI, FL 33135**	

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

0000 Initial Comments

A Complaint (CCR 2016003980) Survey was completed at Royal Green ALF (license 10020) on - . There were deficiencies identified at the time of survey.

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a clean and safe living environment for the residents.

Findings included:

Observations during tour on - at 9:30 AM of the facility on the front of the facility found the stairs from the top platform to the bottom of the stairway were metal and painted white but structure had many areas of what appeared to be Rust.

Inside of the facility, first floor resident's a small area around the drain in the shower with a broken tile. In the same on the light fixture where the entire electric panel had what appeared to be rust.

The majority of the residents' door on the first floor had areas on the bottom of the doors with damaged wood. In Resident # observed peeling plaster in a corner ceiling area above the sprinkler pipe.

In the facility hot water tank area observed a hole behind the tank and a lot of what appeared to be rust on the floor. On the lower door frame of the hot water tank observed an area of rotten wood on the lower corner of the door frame.

In the kitchen area of the facility observed the refrigerator doors had missing handle.

In Resident # ceiling air vent was loose and a black substance was visible on the ceiling. Upstairs Resident # had missing window blades.

On the under panel of the roof observed a mud warps nest. On the outside area of the facility grounds observed a stack of what appeared to be rusty weights and bars. Around the back area section of the facility observed another 20 lb dumb bell lying on the grounds.

Interviewed the Administrator on - at 11:00 AM, in regards to the findings of the environmental safety hazards found during the complaint survey. The Administrator stated all of the

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SUMMARY STATEMENT OF DEFICIENCIES
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findings in this area shall be corrected.

Class III

0160 Records - Facilitv

Based on record review and interview facility failed to have updated inspection annually.

Findings included:

Record review revealed that the facility did not have the annual updated inspections.
The last fire inspection was dated and the last health inspection was dated

Interviewed the Administrator on - at 11:00 AM, the Administrator stated that the inspections were supposed to have done already, but were not completed at this time, he would make an appointments at both agencies as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Royal Green Alf, Inc
2011 Sw 4 Street
Miami, FL 33135

RE: CCR #2016003980

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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