STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S ASSISTED LIVING FACILITY	1441 - 1451 NW 20TH STREET FORT LAUDERDALE, FL 33311

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

0000 Initial Comments

An unannounced relicensure survey was conducted on 06/2/2016 at Kelly's Assisted Living Facility (License #5485). The facility had deficiencies identified at the time of the visit.

0081 Training - Staff In-Service

Based on record review and interview, it was determined that the facility failed to ensure all staff had received the required in-service trainings within 30 days of employment for, 1 out 4 sampled employees (Employee B) .

The findings include:

During review of the employees' records on / , it was noted that employee B hired on , 2015 did not have proof of having completed training in Control.

An interview with the Administrator on / at 2:05 PM confirmed that Employee B did not complete the training in Control. The Administrator said that she will schedule Employee B to take the training as soon as possible.

Class III

0090 Training -

Based on record review and interview, it was noted that 2 out of 4 employees (Employees B and D) did not complete the required training regarding Policy and Procedure for the ( ).
The findings include:
During employee record review on , it was noted that Employee B hired on , 2015, no evidence of having completed the training. An interview conducted with Employee B on at 5:00 PM, revealed she was informed about the facility's policy by the surveyor not by the facility.

Review of Employee D's record revealed she was hired on / , no evidence of the training could be found. During an interview with Employee D on / at 12:28 PM, she revealed she did not know what a was.

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NAME OF PROVIDER OR SUPPLIER **KELLY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1441 - 1451 NW 20TH STREET** **FORT LAUDERDALE, FL 33311**	

SUMMARY STATEMENT OF DEFICIENCIES
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During a follow-up interview with the Administrator on 6/2/2016 at around 2:05 PM, she indicated that Employees B and D had completed most of the trainings. However, she will schedule them to take the missing trainings as soon as possible.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews, the facility failed to maintain a safe and comfortable living environment for 29 out 29 residents currently living at the facility.

The findings include:

During the environmental tour on at 11:17 AM, it was noted that the interior temperature at the facility was uncomfortable. During interviews conducted with multiple residents from 11:30 to 12:30 PM on / , confirmed that it gets very hot in their and in the facility. During random interviews with employees on / , they also indicated that it was hot in the facility. However, the Administrator complained that the residents leave their windows and the facility doors open constantly which makes it difficult to regulate the interior temperature.

Upon request, the facility's manager at 11:30 AM on gave access to the air conditioning thermostat accessible only with a key. She then opened them up for verification. The thermostat located on the West side in building I was noted to be set at 77 degrees but the interior temperature read 84 degrees. The other thermostat on the East side in building I was noted to be set at 81, but the interior temperature read 85 degrees. In building II, there are two AC units controlled by two separate thermostats and both were set at 80 and 81 degrees respectively. However, the interior temperature read 85 degrees on both.

During an interview with the Administrator on at 12 PM, she reported that her son is contracted to maintain the AC units in good working order. Although, she tried to adjust the temperatures to 73 degrees, there were no changes observed after more than 2 hours. The Administrator verified and confirmed the problem and said that she will get in touch with the technician immediately.

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

Additionally, there was a strong stench as one approached the East side bathroom to room 4. The bathtub in that bathroom was noted to be rusted at the base and had a hole at the base. There were missing tiles at the base of the bathroom wall. The light fixture in the not have any cover and was rusted; the paint on the wall above the toilet bowl was peeling.

The findings were discussed with the Administrator, she provided no additional information.
Class III

Class III

L243 LMH - Training

Based on record review and interview, 1 out of 5 employees (Employee A) did not complete the required initial limited mental health training and/or the continuing education updates.

The findings include:

During record review on , it was noted that the Administrator's file (Employee A) did not contain any evidence/documentation indicating completion of the initial limited mental health training or the biennial updates.

During an interview with the Administrator, she verified that she completed the initial LMH training, However, she confirmed that she did not complete the required update training(s).

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Kelly's Assisted Living Facility
1441 - 1451 NW 20th Street
Fort Lauderdale, FL 33311

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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