STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965502	06/24/2016
NAME OF PROVIDER OR SUPPLIER **TADEOS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 SW 119 COURT** **MIAMI, FL 33184**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on - and concluded at at Tadeos ALF with Limited Mental Health components. There were deficiencies were found at time of survey. (Lic #9887)

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have a separate Manager for each facility, the Administrator supervised three assisted living facilities.

Findings included:

Record review found the Manager for the facility was also a Manager for a sister location which the Administrator supervised. Record review found the facility failed to have a separate Manager for each facility.

Interview with the Administrator on at 3:23 PM confirmed the Manager supervised two of his locations.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have one out of six (F) sampled employees written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days.

Findings included:

Record review revealed Employee F (Caretaker) started on . The facility failed to have Employee F's written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days.

Interviewed the Administrator on - at 3:00 PM, he stated that Employee (F) started last month and he had the impression that the Caretaker has the physical already.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe and decent environment.

Findings included:

Observations on - at 9:05 AM during the tour the facility's swimming pool area did not have a safety fence around the pool. There was a lock on the outer fence, but it was unlocked and there were two male residents walking around in that area at the time of the survey.

Interviewed the Administrator and Owner of the facility on - - at 3:00 PM, both stated that the gate is usually locked, but at that time the caretaker was washing the residents clothing and had forgotten to lock the outer gate.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure that one out of six (#2) sampled residents had a power of attorney (POA), health surrogate, or guardianship.

Findings included:

Record review revealed that Residents (#2/#3) are husband and wife. Resident #2's spouse (Resident #3) sign the admission documents. The facility failed to ensure that Resident #2 sampled residents had a power of attorney (POA), health surrogate, or guardianship.

Interviewed the Administrator on - at 3:00 PM, the administrator stated that Resident #3 was capable of signing Resident #2 documents because she more alert on things than her husband.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tadeos Alf
1525 Sw 119 Court
Miami, FL 33184

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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

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