STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	06/22/2016
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Limited Mental Health Expansion Survey was conducted from / . A-1 Assisted Living Facility (license number 11228) had the following deficiencies found at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that a comprehensive Health Assessment was properly completed for one out of six sampled residents (# 1) within 60 days prior to or 30 days after admission to the facility.
Findings included:
A review of Resident # 1's file (admitted on) showed that the Health assessment (AHCA form 1823) was not completed by a physician There was a blank form in the Resident's record.
On at 1:35 PM, the Owner, by telephone, acknowledged the deficiencies.
Class III

0009 Admissions - Admission Package

Based on observation, interview, and record review, the facility failed to have executed resident contract before or at the time of admission for one out of six sampled residents (#2) .
Findings included:
On between 10:30 am and 3:27 pm, observed that Resident #2 occupied .
On at 12:17 PM, observed Resident # 2 sitting at the dining table having lunch.
Record review showed that Resident #2's file did not contatin a resident agreement signed by the resident or her legal guardian.
During an interview on at 12:40 PM Staff D stated that the Administrator or owner had Resident #2 's papers with her because the resident's daughter would sign the contract. She further stated the resident had been there for two days.
Class III

0079 Staffing Standards - Levels

Based on observation, interview and record review, the assisted living facility failed to maintain an updated written work schedule which accurately reflected its staffing pattern.
Findings Included:
On at 12:17 AM , observed Staff D providing services to a census of five residents.
A review of the posted staff schedule for / showed: Staff D -OFF; Staff E-7:00 AM to 7:00 PM and Staff A- 7:00 AM to 7:00 PM.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview on / at 12:30 PM, Staff D stated that Staff E's birthday was that day and the Owner should have been working instead, but the Owner (Staff A) needed to go and buy supplies.

Class III

0093 Food Service - Dietary Standards

Base on observation, record review and interview, the facility failed to document menu substitutions. The facility also failed to ensure that menu items were be substituted with items of comparable nutritional value.
Findings included:
On at 12:23 PM, observed Residents #1-5 having lunch, which consisted of pasta with sausage and a glass of water.
A review of the lunch menu for showed that following was scheduled to be served: Beef stew (4 oz.) with potatoes (1/2 cup) and Carrots (1/2 cup); white rice (1 cup), mixed salad (1 cup), salad dressing (1 T) and fresh fruit (1).
On at 12:30 PM Staff D stated that she cooked this substitution because the other staff was not there. She further stated "The Owner told me to cook pasta, something easy to do since I ' m going to be here by myself."
Class III

0160 Records - Facility

Based on observation and record review the facility failed to have an accurate, updated Admission/Discharge log.
Findings included:
On / at 12:17 PM , observed Resident # 2 was seating at the dining table having lunch, and later observed Resident #2 occupying #.
A review of the Admission/Discharge log showed that Resident # 2's name was missing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Limited Mental Health Expansion 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

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