STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	06/07/2016
NAME OF PROVIDER OR SUPPLIER **SHALOM ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **441 NW 33 AVE** **MIAMI, FL 33125**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on . Shalom ALF with Limited Mental Health component, license number 11381, had deficiencies found at the time of the survey.

0007 Admissions - Criteria

Based on observation, record review, and interview, the facility failed to ensure one out of five (Resident #1) sampled residents met admission criteria by being able to perform the activities of daily living (ADLs) with supervision or assistance at the time of the admission.

Findings Include:

Observation on at 12:40 PM showed Resident #1 was observed lying in bed with half bed rails up. The resident was alert and awake.

Review of Resident #1 record showed that she was admitted on / under the care of hospices services diagnosis .
Record review of hospice file revealed a start of care date of / . Further review of Hospice Certification and Plan of Treatment documentation revealed on / the resident was assessed bedbound.
Interview conducted on at 3:30 PM, administrator stated "Resident #1 was admitted under the care of hospice service. She was bedbound at the time of the admission."

Class III

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a completed Health Assessment for one out five (Resident #1) sampled residents within 30 days of admission.

Findings Include:

Review of Resident #1 record on at 1:00 PM showed it did not contain the required health assessment form (AHCA Form 1823). Resident #1 was admitted to the facility on / .

Interview conducted on at 3:20 PM, the facility Administrator stated that in-fact the examining physician had not completed the health assessment for Resident #1.

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Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have proof of a satisfactory annual sanitation inspection and fire inspection.

Findings Include:

Record review on at 12:45 PM showed that there was no fire inspection available for review and the sanitation inspection was dated .

Interview conducted on at 3:30 PM, the facility Administrator stated that the facility had a current fire inspection and sanitation inspection but she was unable to provide the documentation at the time of the survey.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure one out of two (Staff B) received the required Limited Mental Health (LMH) training.

Findings included:

Review of Staff B record on at 10:00 AM showed it did not contain documentation of limited mental health training. Staff B, caregiver was hired on / .

Interview conducted on at 3:00 PM, the Administrator stated "Staff B received limited mental health training but the document was not in the facility at this time."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Shalom Alf
441 Nw 33 Ave
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a Standard 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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