STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	R
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0000 Initial Comments

A Complaint (CCR #2016001352) Second Revisit Survey was conducted from 06/09/16 to 06/24/16 at Winston's ALF with Limited Mental Health component, license number 12723, had the following deficiencies found at the time of survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to have proof of the Administrator's high school diploma or its equivalent.

Findings included:

Record review found the Administrator's file (hired on -) did not have documentation of a high school diploma or its equivalent

Interview conducted on at 4:38 PM, the Administrator stated " If I'm not able to send it today you will received by Monday." On (Monday) documents were not received.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that one of two (B) sampled staff received in-service training within 30 days of employment.

Findings included:

Record review found Caretaker B's (hired on -) file did not have documentation of the following training which are required to be completed within 30 days of employment: elopement training

Interview conducted on at 4:38 PM, the Administrator stated " If I'm not able to send it today you will received by Monday." On (Monday) documents were not received.

Class III

0152 Physical Plant - Safe Living Environ/Other

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	R
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

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

Findings included:
During the facility tour on at 4:12 PM the facility was dark, no lighting in the living . The facility also had a foul odor. There was peeling paint and plaster on the wall ceiling in #. Furthermore observe resident # , the window was missing a screen.
Record review on showed that the facility's health inspection report dated had a violation "infestation/ presence" general comments "live German cockroaches observe."
On at 4:44 PM the Administrator acknowledged that the health department health inspection report and stated the violation will be corrected.
Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure that two of two (Administrator and Staff B) sampled staff received a minimum of 6 hours of limited mental health training within 6 months of employment.

Findings included:

Record review found the Administrator's (hired on -) file did not have documentation of receiving a limited mental health training within 6 months of employment.
Record review found Caretaker B's (hired on - -) file did not have documentation of the limited mental health training within 6 months of employment.

Interview conducted on at 4:38 PM, the Administrator stated "If I'm able to send it today you will received by Monday." On (Monday) documents were not received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016
AMENDED

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150

Dear Administrator:

This letter reports the findings of a **second** Standard Biennial Licensure Revisit Survey concluded on 24, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** .

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

YOSF

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