STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967910	07/27/2016
NAME OF PROVIDER OR SUPPLIER **PAULA PEREZ ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **952 S W 136 PLACE** **MIAMI, FL 33184**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on . Paula Perez ALF Inc with Limited Mental Health service component, license number 11885, had deficiencies found at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have residents' Health Assessment completed within 60 days prior to admission into the facility or 30 days after been admitted in the facility for two out of six (Resident #1 and #2) sample residents.

Finding included:

Review of Resident #1 and Resident #2 records on at 11:30 AM showed that for Resident #1 admitted on and Resident #2 admitted on did not have the Health Assessments on record for review.

Interview conducted on at 2:45 PM, the facility's Administrator acknowledged that the Health Assessments for Resident #1 and Resident #2 were not on record for review during survey.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to limit physical to half bed rails for one out of six (Resident # 1) sampled resident.

Findings included:

Observation on at 11:20 AM showed that Resident #1 had full bed rails attached to her bed.

Record review on / for Resident #1 revealed the resident was receiving hospice services. The facility did not have any written physician's order for the use of bed rails.

Interview conducted at 2:45 PM, administrator acknowledged the findings and he stated, "I do not have the physician's order for the full bed rail in her record."

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Class III

0031 Resident Care - Third Partv Services

Based on record review and interview, the facility failed to have documentation of the care for one out of six (Resident #1) sampled residents.

Finding included:

Observation on / at 9:45 AM, Resident #1 was observed in her in bed. A collection bag was noted hanging from the side of the bed. The resident was awake and .

Record review showed that Resident #1 was admitted on . She was transferred to the hospital on . She returned to the facility and admitted to hospice service on with a diagnosis of . The facility did not have any documentation regarding Resident #1's care.

Interview conducted on at 12:00 PM, the Administrator stated "Hospice is responsible to empty the collection bag."

Class III

0093 Food Service - Dietarv Standards

Based on observations, record review, and interview, the facility failed to have the menu reviewed annually by a registered dietitian.

Findings included:

Record review on showed that the menu expired on / because it was last reviewed on / .

Interview conducted on at 12:00 PM, the Administrator confirmed that the menu expired on / .

Class III

0160 Records - Facilitv

Based on record review and interview, the facility failed to have current fire inspection available for

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SUMMARY STATEMENT OF DEFICIENCIES
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review.

Findings included:

Record review on at 11:45 AM showed the facility's last fire inspection was dated . The fire inspection has a deficiency "Immediate final order for payment."

Interview conducted on at 1:45 PM, the facility administrator stated "I paid online and sent the confirmation with my renewal application."

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure one out of three (Staff B) received the required Limited Mental Health (LMH) training. The facility failed to maintain documentation of having completed at least 3 hours training of Limited Mental Health continuing education for one out of three (Staff C) facility staff.

Findings included:

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

Record review for Staff C, caregiver had no documentation of having completed at least 3 hours training of Limited Mental Health continuing education. Staff C, caregiver last training was dated .

Interview conducted on / at 12:30 PM, Staff A, Administrator stated that Staff B, caregiver received limited mental health training and Staff C received 3 hours training of Limited Mental Health continuing education but he was unable to provide the documentation at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Paula Perez Alf Inc
952 S W 136 Place
Miami, FL 33184

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

XG90

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