STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	R 08/05/2016
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 Revisit Survey was conducted from 08/05/16 A-1 Assisted Living Facility license number 11228 had deficiencies found at time of the survey:

0161 Records - Staff

Based on observation, record review and interview the facility failed to ensure that 1 out of 4 (D.) sampled staff had a personnel record at the facility for review.
Findings included:
Observations on at 10:50 AM up-on arrival to the facility Staff C opened the door and Staff D wearing purple uniform walking from the resident ' s hallway the living . Staff D was not accompanied or supervised by Staff C, who was standing on the kitchen.
Record review on revealed Staff D (hire date unknown) did not have a file documenting the following:
1. Application with references
2. Background screening
3. Physical examination including freedom from ( )
4. The in-service trainings
During an interview on at 10:57 AM, Staff C, while standing in the kitchen, stated "Staff D is my sister. She does not work here. She is leaving the facility now. She comes here to clean the facility and help out when the other staff is not here."
During an interview on at 10:58 AM Resident #4 ' was siting in the living a recliner in front of the television and near to the facility entrance door. Resident #4 was facing Staff C (caregiver) and D (unknown person). The resident stated "They work here. They are new."
During an interview on / at 11:05 AM, the facility Owner stated "Staff D did not work here at the facility. She cleaned the facility the same as she clean my house. She did not have personnel file."
Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to have an eligible level II background screening for one out of 5 (Staff D) sampled staff prior to that staff providing care and services to a census of five (5) residents.
Findings included:
Observations on / at 10:50 up-on arrival to the facility Staff C (caregiver) opened the door and Staff D wearing purple uniform walking from the resident ' s hallway the living . Staff D was not accompanied or supervised by Staff C, who was standing on the kitchen.

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

Record review on showed that staff D (unknown person) did not have a personnel record for review at the facility.
During an interview on at 10:57 AM, the Staff C (caregiver) hired on standing in the kitchen stated "Staff D is my sister. She did not work here. She is leaving the facility now. She comes here to clean the facility and help out when the other staff is not here."
During an interview on at 10:58 AM Resident #4 ' was siting in the living a recliner in front of the television and near to the facility entrance door. Resident #4 was facing Staff C (caregiver) and D (unknown person). The resident stated "They work here. They are new."
During an interview on at 11:05 AM, the facility Owner stated Staff D (unknown person) did not work at the facility. She stated that "Staff D did clean the facility the same as she clean my house. She did not have personnel file."
Unclassified

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 revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 , , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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