STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967577	08/11/2016
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1786 NW 47 TERRACE** **MIAMI, FL 33142**	

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

0000 Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on , 2016. Calvinelle Adult Home ALF # 2 (AL#11635) with Extended Congregate Care and Limited Mental Health components had the following deficiencies identified at the time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have an accurate initial health assessment (AHCA form 1823) completed for 1 out of 1 sampled resident (Resident # 1).

Findings included:

Record review of Resident # 1 revealed that she was admitted to the facility on . Resident # 1's health assessment was completed on and the medical history and diagnosis stated: " see attached notes " and there were no notes attached. The section where the medications are to be written states: "see attached MOR and prescriptions " and there was no MOR and no prescriptions attached.

On / at 12:30 pm the facility owner stated on the phone that the problem is that the physicians do not know how to fill out the 1823 and that she will get a new health assessment done.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to provide an application of employment for the facility's manager.

Findings included:

A review of the facility manager's personnel record revealed that there was no application foremployment.

The facility's owner stated on the phone on / at 12:25 pm that the manager had been working for about 3 months in her facility and that she became the manager on /. She further stated that she must have the application in her office because they hire their employees through an employment agency.

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Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed attestation of compliance in the personnel record for 7 out of 7 sampled employees (Staff A, B, C, D, E, F and G).

Findings included:

Record review of the facility's staffing schedule revealed that there were 7 employees. Personnel record review revealed that none of the employees had a signed attestation of compliance in their file.

The facility's owner stated on / during the exit conference on the phone at 1:15 pm that she will print the attestation of compliance form out of the Clearinghouse website and will give it to her employees to sign it.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register and maintain the employee roster for 6 out of 7 employees (Staff A, B, C, D, E and G) on the Background Screening Clearinghouse.

Findings included:

Review of the staffing schedule documented the facility had 7 staff members (Staff A, B, C, D, E, F and G); only Staff F, a newly hired employee, was listed on the roster.

The facility's owner stated on the phone / at 1:11 pm that she had just updated the employee roster but it was not showing in the system.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Calvinelle Adult Home Alf #2
1786 Nw 47 Terrace
Miami, FL 33142

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) 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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