STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	08/17/2016
NAME OF PROVIDER OR SUPPLIER **ALF HOME ASSISTED LIVING PLUS MORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 PINE CONE LANE** **WEST PALM BEACH, FL 33417**	

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

0000 Initial Comments

An unannounced standard licensure survey was conducted on 8/17/16 at ALF Home Assisted Living Plus More, Inc., License #10926. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and staff interview, the facility failed to post telephone number for lodging complaints against the facility or facility staff, in full view, in a common area accessible to all residents. This affects all residents in the facility who are able to use a telephone.

The findings include:

On / during facility tour at 1:15 PM, there was no posting in any common area accessible to all residents which contained telephone numbers for Rights Florida, the Agency Consumer Hotline, and the statewide toll-free telephone number of the Florida Hotline. The telephone numbers must be posted in close proximity to a telephone accessible by residents, and the posting must be a minimum of 14-point font.

During an interview with the Owner on / at 1:18 PM, she acknowledged the posting containing the required telephone numbers had been removed and not place back on bulletin board.

Class

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure 3 of 4 staff whose records were reviewed had a valid ( ) certification card documenting completion of coursed offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health (Staff B, C, and D).

The findings include:

A review of Staff B, C, and D's certification cards revealed that each of these staff members completed an online course which did not allow practice and hands-on skills evaluation. Further

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review revealed the expiration dates are 10/17, 10/17 and 4/18 , respectively. These online courses are not provided by an accredited college, university or vocational school, nor are they approved by the Department of Health, American Red Cross, the American Association, the National Safety Council or Occupational Safety and Health Administration (OSHA).

On / at 1:30 PM, the owner stated she was unaware online trainings were not acceptable, and she would share the information with the administrator and all staff would redo the class with an approved trainer.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alf Home Assisted Living Plus More
4941 Pine Cone Lane
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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