RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Machin Ii Alf, Inc
15863 Sw 150 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a Change of Ownership 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	09/20/2016
NAME OF PROVIDER OR SUPPLIER **MACHIN II ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15863 SW 150 TERRACE** **MIAMI, FL 33196**	

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

0000 Initial Comments

A Change of Ownership survey was conducted on / and concluded on . Machin II ALF, Inc with Limited Mental Health component (License #10562) had deficiencies found at the time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed limit physical to half (1/2) bed rails for one out of six (Resident # 1) sampled resident.

Findings included:

Observation on / at 9:00 AM showed Resident #1 had two half bed rails (full) attached to one side of his bed.

Record review on / for Resident #1 did not have any written physician's order for the use of bed rails.

Interview conducted / at 2:45 PM, Staff A acknowledged the findings and she stated, "I do not have the physician's order for the ½ bed rail in his record".

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain an accurate written work schedule.

Findings included:

Observation on / at 8:30 AM showed Staff C was in care of the residents and providing personal services to them.

Staffing schedule review showed Staff C is off, Staff D is scheduled to be in the facility 7 PM- 7 AM, Staff E is scheduled to be at the facility from 7 AM-7 PM.

Interview conducted on / at 2:10 PM, Staff A stated, "Staff C is working in the facility at present. I

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	09/20/2016
NAME OF PROVIDER OR SUPPLIER **MACHIN II ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15863 SW 150 TERRACE** **MIAMI, FL 33196**	

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

need to update the facility schedule."

Class III

0081 Training - Staff In-Service

Based on observation, record review and interview the facility did not ensure that one out of five sampled employees (Staff C) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Findings included:

Personnel record review conducted on / at 11:00 AM showed that Staff C was hired on /, staff did not have documentation that she received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Interview conducted on / at 2:10 PM, Staff A stated "Staff C received elopement training but the document was not in the facility at this time."

Class III

0082 Training - /

Based on interview and record review the facility failed to provide documentation of providing an education course on and for one out of five sampled employees (Staff D).

Findings included:

Review of Staff D record on / at 11:00 AM found it did not contain documentation of the one-time course on and . Staff D was hired on .

Interview conducted on / at 2:30 PM, Staff A stated that Staff D received training but she was unable to provide the documentation at the time of the survey.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	09/20/2016
NAME OF PROVIDER OR SUPPLIER **MACHIN II ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15863 SW 150 TERRACE** **MIAMI, FL 33196**	

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

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of five staff (Staff C).

Findings include:

Record review for Staff C (caregiver) found the record had no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff C's last training was dated .

Interview conducted on / at 2:30 PM, Staff A stated that Staff C assists the residents with self-administered medications.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have one out of six residents' (Resident #1) executed contract with the facility.

Findings included:

Review of Resident #1's record showed it did not contain a resident contract with the facility executed at or prior to admission. Resident #1 was admitted on / / .

Interview conducted on / at 1:45 PM, Staff A stated that in-fact, the facility had not executed and entered into a contract with Resident #1.

Class III