STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964241	09/13/2016
NAME OF PROVIDER OR SUPPLIER CHARITY HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 W 48TH STREET HIALEAH, FL 33012	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on / / . Charity Home ALF, Inc with Limited Mental Health component, License #9022, had the following deficiencies found at the time of the survey:

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to perform at least two (2) elopement drills per year.

Findings included:

On / at 8:30 AM during record review revealed that the facility did not have records of the elopement drills performed during the past year.

On at 9:00 AM during an interview with the Administrator she stated that one of the previous employees of the facility had taken some files as an act of revenge, thus the facility did not have the elopement drills file.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to follow the correct procedure when assisting one out of six residents (#2)with self-administration of medications.

Findings included:

On / at 8:40 AM, observed Staff C place Resident #2's medication in her own hand, and then placed the medication into the resident ' s hand.

On / at 8:40 AM Staff C stated that she was nervous and that was the reason that she improperly assisted the resident.

Cass III

0085 Training - Nutrition & Food Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964241	09/13/2016
NAME OF PROVIDER OR SUPPLIER **CHARITY HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 W 48TH STREET** **HIALEAH, FL 33012**	

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

Based on observation and interview the facility did not ensure that one out of four sampled employees (Staff C) had received Nutritional & Safe Food Handling training prior to preparing and serving food to residents.

Findings included:

On / between 10:00AM and 12:30 PM, observed Staff C cooking lunch along with Staff B.

On at 12:30 PM on an interview with Administrator she stated that she thought that all the records of this staff were up to date, and that he was going to make sure to have them in place.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Charity Home Alf Inc
290 W 48th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of an abbreviated biennial 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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