RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150

Dear Administrator:

This letter reports the findings of a Complaint third revisit survey conducted on , 2016by 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 9, 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:ve
Enclosure

BBT7

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	R / /
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0000 Initial Comments

A Complaint (CCR #2016001352) Survey Third Revisit was conducted on 21, 2016. Winston's ALF License #12723 with Limited Mental Health component had the following deficiencies identified at the time of survey.

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that centrally stored medications were locked up at all times.

Findings included:

During tour on / at 9:15 AM observed a cabinet in the kitchen where all residents medications are kept. The cabinet was found unlocked during the tour.

Interview on / at 11:30 AM with the Administrator, he acknowledged the medications were found unlocked during the tour.

Class III

0056 Medication - Labeling and Orders

Based on observations and interview the facility failed that stored medications were properly labeled and prescribed to one out of four (#4) sampled residents.

Findings included:

During the tour on / at 9:15 AM found unlocked medications in kitchen cabinet. The medications were found in a bag for each resident. A medication bottle labeled had another person's name on it. The name was scratch off with a black pen and Resident #2's name was written on it. The resident's name who was on the original label is no longer living at the facility.

Interview on / at 11:30 AM with the Administrator, he stated, "I thought since it's the same medication I could use the same bottle."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed maintain a written work schedule that reflects the 25 hour staffing pattern.

Findings included:

Observations on / at 9:00 AM found no staff schedule posted in the facility with staff hours.

Staff B provided copy of a staff schedule which for the month of . Record review found the facility did not have a current staffing schedule available for review.

Interview on / at 12:00 PM with the Administrator after review, he acknowledged the facility did not have a staff schedule for the month of .

Class III

0093 Food Service - Dietary Standards

Based on observations, record review, and interview the facility failed to have the menu reviewed annually by a registered dietician.
Findings included:
Observations on / at 9:15 AM found a menu posted on the board dated and expired .

Record review found the facility did not have any documentation that the menu was reviewed annually.
Interview on / at 12:00 PM the Administrator stated, "I have it I just have to look for it."
Class III

0127 Fiscal - Liability Insurance

Based on record review and interview the facility failed to maintain the liability insurance coverage.
Findings included:
Record review found the liability insurance coverage was effective on and expired on .
Interview on / at 12:00 PM with the Administrator, he acknowledged the liability insurance had expired.

Class III

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	AL11968870	R /
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to ensure the facility walls and ceiling were maintained.

Findings included:

Observation made on / at 9:00 AM of the living cracked plaster next to couch under the window and the ceiling has an area with plaster and holes.
Interview on / at 12:30 PM with the Administrator stated, "we removed the old air conditioner unit and the plaster is where it used to be. It was done three weeks ago. I have not been able to find the same paint color. It a special order."

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968870 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON'S ALF	6951 NW 5TH CT MIAMI, FL 33150

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) FAC LSC	Correction Completed	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix AL243 Reg. # 429.075(1) FS; 58A-5.0191(8) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 10/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/22/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: R3S714