RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Holy Family Group Home Alf Inc
920 Sw 93 Avenue
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a standard state relicensure 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
Manager

AMD/sb
Enclosure
XG90

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8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968378	09/27/2016
NAME OF PROVIDER OR SUPPLIER **HOLY FAMILY GROUP HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **920 SW 93 AVENUE MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Bienial Survey was conducted on , 2016. Holy Family Group Home ALF Inc. (AL#12282) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to have a new face to face medical examination done by a health care provider as part of the continuing residency criteria to a resident after a significant change for 1 out of 5 sampled residents (Resident # 4).

Findings included:

During tour of the facility on at 8:28 am observed Resident # 4 laying in bed.

The facility administrator stated on at 8:28 am that Resident # 4 was under hospice services and that she was bed bound.

Review of the health assessment of Resident # 4 revealed that a new one had not been done after the resident was admitted to hospice. At the time of the survey the resident required assistance with eating and total assistance with the rest of her activities of daily living and had a on her sacrum. The last health assessment available for review had been done at the time of admission and was dated ; at that time the resident was able to ambulate with a walker; was independent with eating, required supervision with bathing and toileting and assistance with ambulation (walker), , transfer and dressing. Only the last page of the health assessment had been updated.

On at 10:30 am the administrator stated that he did not know he needed to have a complete health assessment done after a significant change and that he thought that only the last page was supposed to be done every year.

Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to document the elopement drills twice a year.

Findings included:

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Record review revealed that the last documented elopement drill was conducted on / .

On at 9:30 am the facility administrator stated that he had not done any other elopement drill because he did not know he needed to do it twice a year.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 3 out of 3 sampled employees (Staff A, B and C).

Findings included:

Record review of Staff A and Staff C revealed that the last statement was dated .

Record review of Staff B revealed that the last statement was dated / .

The administrator stated on / at 10:45 am that he got , mistaking the test material bottle expiration date for the text expiration date.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that staff receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment in a limited mental health facility for 1 out of 3 sampled employees (Staff B).

Findings included:

Record review of the employees revealed that Staff B was hired on / / and that she had not taken the initial Limited Mental Health (LMH) training.

The facility administrator stated on at 12:40 pm that he will make an appointment for his employee to take the initial LMH training as soon as possible.

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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 with Background Screening (attestation of compliance) in the staff personnel record for 3 out of 3 sampled employees (Staff A, B and C).

Findings included:

Record review of the facility's staffing schedule revealed that there were 3 employees (Staff A, B and C). Personnel record review revealed that none of the employees had a signed attestation of compliance in their file.

The facility's administrator stated on / during the exit conference at 2:55 pm that he did not know that the attestation of compliance was needed and that he would talk to his consultant to print the attestation of compliance form out of the Clearinghouse website and that he will give it to his employees to sign it.

Unclassified