STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967931	10/18/2016
NAME OF PROVIDER OR SUPPLIER **CLARA & ANGEL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5180 NW 2 STREET** **MIAMI, FL 33126**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on - . Clara & Angel ALF had deficiencies identified at the time of the survey. (Lic#11926)

0081 Training - Staff In-Service

Based on record review and interview facility failed to provide documentation that one out five sampled employees (B) had training in Activities of Daily Living, (ADL), Incident Reporting, Resident Rights and Recognizing / Reporting /Neglect and .

Findings included:

A review of Employee B's personnel file showed that the employee was hired on - . There was no documentation that Employee had training regarding ADL's, Incident Reports, Resident Rights and Recognizing / Reporting /Neglect and .

Interviewed on - at 12:00 PM, the Administrator stated that she was sure that Employee B had her training certificates in her file. The Administrator re-checked the file and confirmed the the findings that those training certificates were not there.

Class III

L242 LMH - Responsibilities of Facility

Based record review and interview facility failed to provide documentation of a , Agreement/Mental Health Assessment or Community Living Support Plan for Resident (#3), who has been diagnosed with , Chronic, type ( ), and who was receiving Optional State Supplement ( ).

Findings included:

Record review revealed that resident (#3) was admitted on - . The resident's health assessment diagnosis stated . There was no documentation in the resident's file of the Agreement/Mental Health Assessment or Community Living Support Plan.

Interviewed on - at 4:00 PM, the Administrator stated she did not realize the resident needed

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the documents.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Clara & Angel Alf
5180 Nw 2 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a 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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