RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Winston's Alf
6951 Nw 5th Ct
Miami, FL 33150
RE: CCR ##2016011271 and #2016012437

Dear Administrator:

This letter reports the findings of a Complaint 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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	11/04/2016
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

Complaint (CCR #2016011271 and #2016012437) Survey was conducted on 28, 2016 and 04, 2016. Winston's ALF (License #12723) had the following deficiencies identified at time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure one out of six sampled residents (#1) had a completed health assessment (AHCA Form 1823).

Findings include:

A review of Resident #1's health assessment found the date the physician completed the form (1823) was left blank.

Interview on at 2:30 PM the Administrator stated, "I was trying to call the nurse to have them fax me the new one."

Class III

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7),408.803(7),408.810

Based on observations, interview, and record review the facility failed to show proof of financial stability to operate.

Findings include:

Observations on at 10:12 AM found of the facility's kitchen cabinets contained 4 boxes of pancake & waffle mix at 16.5 oz.; 2 boxes of pasta salad 7.75 oz.; 1 box of hamburger helper 6.4 oz.; 3 boxes of Matzo Ball mix 5 oz.; 1 box of potato pancake mix 6 oz.; 7 cans of green beans 14.5 oz.; 2 cans of carrots 14.5 oz.; 1 can of potatoes 15 oz.; 2 boxes of elbow noodles 16 oz.; mac 7 cheese 7.25 oz.; 3 cream of chicken soup 22 oz.; 2 boxes of spaghetti 16 oz.; 2 boxes saltine crackers 3 oz. Further observations on at 10:16 AM found the refrigerator contained condiments in the door, head of lettuce and cabbage only.

On at 10:20 AM the Administrator was asked if the facility had additional food storage? The Administrator stated "we use the emergency food daily. we used this."

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Record review of the menu approved 8/14/16 showed the residents were scheduled to be soup of the day, lean cuts, on bread, lettuce, tomato, and fresh fruit for lunch.

On at 11:06 AM when the Administrator asked what was the facility serving for lunch? The Administrator stated, "chicken soup, hotdogs with bread and a banana."

On at 12:05 PM observed the Administrator going other house on the grounds (unlicensed facility) and brought over food to put into the cabinets. A woman was also observed helping to bring more canned goods to the licensed facility.

Lunch observations on at 12:30 PM found the same woman who was previously observed caring food into the facility, walking over from other house with a pan with noodles and hotdogs. The food was placed on the stove and then served to the residents. Residents were served beef flavor ramen noodles, hotdog on a slice of bread, a banana, and a cup of juice.

The agency requested the last six months of bank statements from the facility to verify financial ability to operate on / at 9:29 AM.

Phone interview on / at 2:30 PM with the Administrator confirmed he received the request. The Administrator he would fax his financial and bank statements by Friday at 5:00 but the statements were not received.

Unclassified

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, interview, and record review the facility failed to operate within its licensed capacity of 4 resident beds by providing assisted living services to a total of 6 residents. It was determined that the ALF provided housing, meal services and daily medication assistance to four residents (#1, #2, #3, and #4) that lived in the licensed ALF and two additional residents (#5 and #6) that lived within the ALF property.
Findings include:
1) During an observation on at 6:30 AM, two residents (#5 and #6) were observed sleeping in their own within the ALF property.
2) During an interview on at 6:30 AM, Resident #5 stated that he lived in the property for one year, that he received three meals daily from the ALF and that he received his medication daily from the facility caregiver, who personally handed him his medications. He stated that he did not know where his medications were located in the ALF property.

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3) During an interview on 10/28/16 at 6:45 AM, the facility caregiver stated that he had to speak with the administrator to find out where the medications for resident #5 were kept in the ALF property.
4) During an observation on at 7:00 AM, three residents (#1, #2, and #3) were observed in their in the licensed ALF.
5) During an interview on at 7:25 AM, Resident #6 stated that he lived in the ALF property, that he received three meals daily and received his medication in the morning from the facility caregiver. He stated that the facility caregiver placed his medications in his hand every morning. He stated that he did not know where his medications were located in the ALF property.
6) During an interview on at 7:40 AM, Resident #6 stated that he lived in "an ALF."
7) During an interview on at 7:55 AM, the property owner stated that the Administrator was responsible to assist Residents #5 and #6 with their daily medications every morning.
8) During an interview on at 8:20 AM, the property owner stated that the Administrator and herself were responsible to assist Residents #5 and #6 with sourcing their medications from the pharmacy every time they received a new physician script.
9) A review of the ALF admission/discharge log revealed that resident #5 was a former resident of the licensed ALF and was discharged "Home" on / and residents #1, #2 and #3 lived in the ALF.
10) Observations on at 1:00 PM, found a resident (#4) being dropped off by an ambulance for admission into the licensed facility.
Unclassified