RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Machin 2 Alf, Inc
15863 Sw 150 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a **second** Change of Ownerhsip Licensure Revisit Survey conducted on 5, 2017 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 , 2017.**

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

YOSF

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
	AL11967920	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACHIN 2 ALF, INC	**15863 SW 150 TERRACE MIAMI, FL 33196**

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

0000 - Initial Comments

A Change of Ownership second revisit survey was conducted on , 2017. Machin 2 ALF, Inc. with license #10562 had deficiencies the following deficiencies identified at the time of survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the Assisted Living Facility failed to maintain an accurate written work schedule.

Findings included:

Observation on / / at 9 AM revealed that Caregiver A was the only staff in the facility taking care of five residents.
Review of 2017's staffing pattern revealed that Caregiver A scheduled to work from 7 AM to 7 PM, Administrator scheduled to work from 8 AM to 5 PM.

An interview on / / at 9:07 AM the Caregiver A stated "she has to take her kid for a or something like that."

An interview on / / at 9:14 AM via telephone the Administrator stated " I am on my way, I was at the hospital, my son has ear . My understanding was that we could have one employee with five residents. Can you please help us?"

Class III
Uncorrected

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review, and interview, the Assisted Living Facility failed to have an eligible background screening for 1 of 2 (Caregiver A) sampled staff.

Findings included:

Observation on / / at 9 AM revealed that Caregiver A was the only staff in the facility taking care of five residents.

Review Background screening website for providers showed that facility's employee roster showed that Caregiver A's last screening date was on / / .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	R / /
NAME OF PROVIDER OR SUPPLIER **MACHIN 2 ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15863 SW 150 TERRACE** **MIAMI, FL 33196**	

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

Review Caregiver A's background screening results at background screening website showed " A New Screening is Required."

Unclassified