

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966584	(X3) DATE SURVEY COMPLETED 01/10/2017
NAME OF PROVIDER OR SUPPLIER ANDALUSIA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 360 EAST 65 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A complaint Investigation Survey CCR#2017000191 was conducted on 1/10/17. Andalusia ALF Inc. with a Standard License # 10771 had the following deficiency found at the time of the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the facility failed to have up to date the emergency food. Some tuna cans of the emergency food were expired.

Findings Included:

On 1/10/17 at 8:10 AM, observed the emergency food supply, the expiration date was verified and documented that some tuna cans of the emergency food were expired.

A review of the health inspection report from another state agency confirmed that cans of tuna were expired.

Interview with staff A(Administrator), on 1/10/17 at 9:30 AM stated that, she did not know that some of the emergency food was expired and that she was going to dispose of these cans and purchase more to replace them.

Class III

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation and interview the facility failed to provide a safe living environment, free of hazards, for 4 out of 4 residents (Residents # 1-4).

Findings Included:

On 1/10/17 at 8:10 AM, observed not clean and non sanitized bottom of the freezer with meat residue from meat, and an unclean and non-sanitized shower head in room 3 & 2

On 1/10/17 at 8:30 AM, the Administrator acknowledged the finding and stated that she was going to take care of it immediately.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Andalusia Alf Inc
360 East 65 Street
Hialeah, FL 33013

RE: CCR #2017000191

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on
, 2017 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** , 2017. 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 2017000191

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