STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964899	**01/10/2017**
NAME OF PROVIDER OR SUPPLIER **ST JOSEPH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **16100 SW 101 AVE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2017. St. Joseph Alf with limited mental health component and license number 9516 had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have a completed health assessment for one (Resident #1) out of four sampled residents.

Findings included:

Review of Resident #1's record revealed that Health Assessment (AHCA form 1823) completed on / showed that Resident #1's known was left blank and it did not indicate if the resident needed help taking his medications.

An interview on / at 2:46 PM the Administrator stated that was the assessment done at the hospital.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the Assisted Living Facility failed to complete two elopement drills per year.

Findings included:

Review of facility's record revealed the last elopement drills were completed on / and /
Interview on / at 11:16 AM the Administrator revealed that facility did not complete it in 2015 neither in 2016 "I forgot about it."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination documented on an annual basis for two (Administrator and Caregiver B) out of five sampled staff.

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Findings included:

Review of Administrator's personnel file on / / at 12:19 PM revealed that there was a letter from physician signed on stating that Administrator was free from communicable . Physician statement signed on / stating that Administrator was free from .
An interview on / / at 12:17 PM the Administrator revealed that letter in record was the only one she had from the doctor.
Review of Caregiver B's personnel file on / / at 1:14 PM revealed that there was a letter from physician signed on stating that Caregiver B was free from communicable . There was no physician statement in record stating that Caregiver B was free from .
An interview on / / at 1:17 PM the Administrator revealed that letter in record was the only one she had from the doctor for Caregiver B.
Class III

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

Based on record review, interview, and record review, the Assisted Living Facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.

Findings included:

Observation on / / at 9:30 AM revealed that Caregiver A was the only caregiver in the facility taking care of Resident #1.
An interview on / the Caregiver A stated that he was the caregiver and facility's census was 4 residents but three out of four were at the program just one resident was at the home.
Review of facility's record revealed that the facility's work scheduled posted in the bulletin board for / / to / from Sunday to Saturday. Scheduled showed that on Tuesday was supposed to be working Administrator from 7 AM to 7 PM, Caregiver C from 3 PM to 10 PM, Caregiver B from 7 AM to 1 PM and Caregiver D from 8 AM to 6 PM. Caregiver A was not in schedule.
An interview on / at 9:40 AM the Caregiver A revealed that Administrator was out, Caregiver B was out and Caregiver B was at a doctor appointment. Further interview on / / at 9:49 AM Caregiver A stated "I am just covering".
Observation on / at 9:53 AM revealed that Caregiver D arrived.
Observation on / at 9:56 AM revealed that Caregiver B arrived.
Observation on / at 9:57 AM revealed that Caregiver D left.
Observation on / at 10:05 AM revealed that Administrator arrived.
Observation on / at 10:07 AM revealed that Caregiver B left.
Observation on / at 11:57 AM revealed that Caregiver D returned.

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An interview on / / at 1:19 PM the Administrator revealed that Caregiver A started working today / /.

Record review revealed that Caregiver A did not have any record in the facility at the time of the survey.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation and record review, the Assisted Living Facility failed to ensure that a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.

Findings included:

Observation on / / at 9:30 AM revealed that Caregiver A was the only caregiver in the facility taking care of Resident #1.

An interview on / at 9:48 AM the Caregiver A revealed that he did not have the First Aid and card with him at the time of the survey.

Record review revealed that Caregiver A did not have any record in the facility at the time of the survey.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the Assisted Living Facility failed to ensure that one (Caregiver D) out of five sampled staff knew the meaning of .

Findings included:

An interview on / / at 3:43 PM when Caregiver D was asked for the meaning of , Caregiver D stated "I don't know".

Review of Caregiver D's personnel file revealed that completed one hour training of on /.

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to note substitutions before and when meal is served. The facility also failed to provide comparable nutritional value items.

Findings included:

Observation on / at 11:31 AM revealed that lunch served was tropical twist juice, chocolate milk, chips, apple sauce, tuna salad with tomato and Hawaiian roll. The facility did not have comparable substitutions for soup of the day or Cole slaw. Further observation at 11:33 AM revealed that Resident #1 sat in table and ate lunch.

Review of facility's record on / at 11:35 AM revealed that menu for lunch on / showed- soup of the day (8 oz.), tuna salad (3 oz.) on bread (2 slices) Cole slaw (1/2 cup), applesauce (1/2 cup). No substitutions were made to the menu before or when meal served.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that the resident's guardian signed the resident's contract with the facility for one (Resident #1) out of four sampled residents.

Findings included:

Review of Resident #1's record revealed that Resident #1 signed resident's contract with the facility on / but had a guardian since .

An interview on / / at 2:39 PM the Administrator revealed that Resident #1 was admitted from the hospital and he signed the whole admission package; then Administrator received the letter that resident had a guardian.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Resident #3)

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out of four sampled residents had the community living support plan updated at least annually.

Findings included:

Review of Resident #3's record revealed that last mental health assessment and community support plan were completed on / / and there was no documentation in Resident #3's showing the community support plan were reviewed annually.

An interview on / / at 2:16 PM the Administrator stated " Oh, really? Two days? "

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that one (Caregiver A) out of five sampled staff had level 2 background screening results on file. The Assisted Living Facility failed to attestation of compliance form in records for three (Administrator, Caregiver B, and Caregiver C) out five sampled employees.

Findings included:

1. Observation on I/ / at 9:30 AM revealed that Caregiver A was the only caregiver in the facility taking care of Resident #1.

Record review revealed that Caregiver A did not have any record in the facility at the time of the survey.

A review of the Background Screening Database showed that Caregiver A's last screening was dated I/ .

An interview on I/ / at 9:49 AM the Caregiver A stated "I am just covering". When Caregiver A was asked for his proof of background screening he answered "I don't see it here."

Observation on I/ / at 12:09 PM revealed that Caregiver A left.

An interview on I/ at 1:19 PM the Administrator revealed that Caregiver A started working today I/ / .

2. Review of Administrator's personnel file revealed that there was no affidavit of compliance with background screening requirement on I/ at 12:10 PM.
An interview on I/ / at 12:42 PM the Administrator revealed that nobody has it in record at the time of survey.

Review of Caregiver B's personnel file revealed that there was no affidavit of compliance with background screening requirement.

Review of Caregiver C's personnel file revealed that there was no affidavit of compliance with background screening requirement.

Unclassified.

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
St Joseph Alf
16100 Sw 101 Ave
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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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