

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have a contract executed between the legal representative of the resident and the facility for one out of 7 sampled residents (Resident # 1).

Findings included:

A review of Resident # 1's record revealed that the resident signed the contract on ; also revealed that the resident is under Guardianship Program of Miami-Dade since . The contract was not signed by the resident's guardian.

On at 10:26 am Resident # 1 stated that he was under Guardianship Program.

Class III

0000 - Initial Comments

A complaint Investigation Survey CCR#2017001118, 2017001257, and 2017001299 was conducted on . Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had the following deficiencies found 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 facility failed to have a face to face physical examination done by a healthcare provider within 30 days of admission for 2 out of 7 sampled residents (Resident # 1 and # 4).

Findings included:

Record review of Resident # 1 revealed that he was admitted to the facility on and that the health assessment inside the record was blank.

Record review of Resident # 4 revealed that she was admitted to the facility on and that there was no health assessment.

The administrator stated at 12:42 pm the administrator stated that Resident # 1 will be leaving the facility but that she will try to do the health assessment. She also stated that she will get a health assessment for Resident # 4.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview the facility failed to properly sign the medication observation record (MOR) for 1 out of 7 sampled residents (Resident # 1). Findings included: Review of the MOR for Resident # 1 revealed that he had an order for 0.4 mg for chest pain that was being signed daily at 8 am by Staff B. On at 9:05 am Resident # 1 stated that he carries the tablets bottle with him and showed it to the surveyor. He also stated that he does not take it all the time, only when he has chest pain. He stated, "I have to have it with me because what about I get the chest pain when I am on the bus or on the street. I do not take it every day." Review of the MOR for Resident # 1 also revealed that the resident had an order for 20 mg four times a day as needed for that was being signed by Staff B every day at 8 am and 8 pm; review of the medications revealed that there were 3 cards for , one for the morning, one for the afternoon and one for bedtime and they were all being given. On at 9:30 am Staff B stated that the medication was being given 3 times a day but she only signed it twice because the MOR from the pharmacy had only written 8 am and 8 pm. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on record review and interview the facility failed to obtain a routine order for as-needed medication that is being given as routine for 2 out of 7 sampled residents (#1 and # 3). Findings included: Review of the medication observation record (MOR) of Resident # 1 reveled that the resident had an order for 10 mg 4 times a day as needed for , and it was being signed by the caregiver as routine at 8 am and 8 pm; review of the medications revealed that there were 3 cards for , one for the morning, one for the afternoon and one for bedtime and they were all being given three times a day as routine.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
At 9:30 am Staff B stated that the medication was being given 3 times but she only signed it twice because the MOR from the pharmacy had only written 8 am and 8 pm. Review of the MOR for Resident # 3 revealed that the resident had an order for 600 mg as needed without specifying every how many hours that was being given daily at 8 am. Staff B stated at 9:30 am stated that Resident # 3 takes every day in the morning. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to provide documentation of a negative examination on an annual basis for 4 out of 4 sampled staff (A, B, C and D). Findings included: Staff record review revealed that Staff A, B, C and D all had their last examination . On at 12:08 pm the Administrator stated, "all the physical examinations are expired." Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Findings included: On at 5:45 AM was observed Staff B was caring for and providing personal services to residents. On at 5:50 AM during the tour, observed that no staff schedule was posted on the board were all the other permits and licenses were posted. On at 10:52 AM when asked for the staff schedule, the Administrator stated that for some		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
reason the staff schedule was taken off of the board, but she had it on it before, and she did not know what happened. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on record review and interview the facility failed to ensure that the Administrator, or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service, obtained annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 4 out of 4 sampled staff (A,B,C and D). Findings included: Record review of Staff A, B, C and D revealed that the last Nutrition and Food Service training expired on . On at 11:53 am the Administrator stated that she has to call the nutritionist to schedule the new trainings. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on interview the facility failed to provide food based on habits and preferences. The facility failed to serve snacks to the residents daily. Findings included: On at 6:41 AM to 7:40 AM during interview, Residents #1, 2, 3, 4, 5, 6 and 7 revealed that the facility does not offer snacks to the residents daily . On at 8:00 AM during interview, Staff B stated, The administrator/owner has not told me to give snacks to the resident that is why I do not give snacks to them. On at 12:15 PM the Administrator she stated that she was going to make sure that the residents will start receiving snacks daily from now on.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview the facility failed to keep resident files on premises Residents #5. Findings included: On at 9:40 AM during record review revealed that the facility did not have on the premises a record for Resident #5. On at 10:00 AM, the Administrator stated that probably the facility did not have a contract because the family of the resident pays directly to the facility but she was going to make sure to have the record as soon as possible.. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

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

Based on record review and interview the facility failed to have a sign attestation of compliance with background screening in the personnel file for 3 out of 4 sampled staff (A, C and D).

Findings included:

Review of the personnel files of Staff A, C and D revealed that there was no attestation of compliance with background screening in any of them.

On at 12:10 pm the Administrator stated that she will place the attestation of compliance with background screening in each personnel record.

Class III

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility exceeded its operating license by providing assisted living services to a total of seven residents while being licensed for six beds.

Findings included:

On at 5:45 AM during the tour was observed Resident #5, was sleeping in a himself.

On at 7:15 AM during medication pass, observed that Resident #5 had his medication in the facility

On at 7:20 AM during an interview with Resident #5 she stated; "I have been living in this facility for a while, I do not remember exactly how long. I go to a program every day."

On at 6:41 AM to 7:40 AM during interview conducted with Residents #1, 2, 3, 4, 5, 6 and 7 revealed that all of them are living in the facility every day.

On at 9:00 AM during an interview with Administrator she stated that she thought that she was not over capacity because Resident #5 goes to the program every day and he only comes to the facility to sleep and eat.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Unclassified		