STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966015	**02/13/2017**
NAME OF PROVIDER OR SUPPLIER **ADVANCED ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14335 SW 288 STREET** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . Advanced ALF Corp (facility ID 11966015) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to provide documentation of an annual freedom from ( ) statement within 30 days of hire for 1 out of 3 staff (Staff B).

Findings:

A review of the personnel file showed that there was no documentation of a statement of Freedom from for Staff C, hired on .

On at 12:20 p.m. the Administrator acknowledged that there was no proof of freedom from for Staff C.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to provide documentation that 1 out of 3 Staff were trained in food service (Administrator).

Findings:

Personnel record review showed there was no documentation of the food service training for the Administrator, hired on .

On at 12:30 p.m. the Administrator acknowledged that the documentation of training was not in the file.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to provide documentation that a surety bond in an amount equal to twice the average monthly income of one of six residents whose income checks it directly received (Resident #5).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Resident record review showed the facility had a Contract executed with Resident #5 dated . . . . . .
The resident had a monthly of $733.00.

On the Administrator stated Resident's #5 Social security check came addressed to the facility. The Administrator further stated that the facility had no Surety bond.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have an accurate admission and discharge log. The facility also failed to document at least 2 elopement drills per year.

Findings:

A review of the Admission and Discharge log showed neither Resident #4 nor Resident #6 were on the admission and discharge log. Resident #8 (discharged on) was listed as a current resident.

On at 1:00 p.m. the Administrator acknowledged the Admission and Discharge log was inaccurate.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain resident records for 2 of 7 (Residents #4 and #6).

Findings:

Resident record reviews showed that there were no records for Residents #4 and #6.

On at 1:00 p.m. the Administrator stated that the facility had no records for Resident #4, because the resident was just admitted, or for Resident #6, because the resident was going to be discharged soon.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on record review and interview, the facility failed to have an annual Community Living Support Plan and a [redacted] Agreement within 30 days of admission for 1 of 3 facility Limited Mental Health residents (Resident #2).

Findings:

Resident #2's record review showed that the resident (Admitted on) was receiving an [redacted] and had a diagnosis of [redacted]. There was no documentation of the Annual Living Community Support Plan and the [redacted] Agreement.

On at 1:00 p.m. the Administrator acknowledged the facility failed to obtain an Annual Living Community Support Plan and a [redacted] Agreement for resident #2.

Class III