

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968047	(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER TROPICAL ALF (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 8495 SW 40 TERR MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An abbreviated biennial survey was conducted on . Tropical ALF (The) with limited mental health component (AL 12024), had the following deficiencies identified at the time of the survey: L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC Based on record review and interview, the facility failed to have a copy of an annual community support plan for 1 out of 5 (Resident #2) sampled residents. Findings as follow: Record review showed Resident #2 heath assessment dated had a diagnosis of . Resident #2 was also an () recipient. Further record review revealed Resident #2's annual community support plan was dated . On at 10:40 a.m. the Administrator stated (phone interview) Resident #2 needed a new annual community support plan, agreement and mental health assessment. Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on record review and interview, the facility failed to ensure that 1 out of 4 staff (Staff C) did not have a break in service for more than 90 days. Findings as follow: Record review revealed Staff C, hired on, had the level 2 background screening dated on . On at 10:26 a.m. the Administrator stated (phone interview) that was not sure whether Staff C worked at any other place, where the level 2 background screening was required, during the period between and the hiring date. She stated, he worked at a home health agency but could not offer proof of it. Unclassified		