STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966967	06/06/2017
NAME OF PROVIDER OR SUPPLIER **NATALIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2118 SW151 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2017 and concluded on , 2017. Natalia Alf Inc with license number 11084 had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility (ALF) failed to have a completed and updated health assessment (AHCA form 1823) for one (#1) out of five sampled residents and as well as an updated health assessment (AHCA form 1823) for one (#5) out of five sampled residents who needed update assessment.

Findings included:

Review of Resident #1's record showed the Health Assessment (AHCA form 1823) completed on was missing the page that showed what kind of help Resident #1 needed for activities of daily living, the type of diet, and if resident's needs can be met in the ALF. Medical History and diagnoses section of it did not include the diagnosis under which the Resident received hospice services.

Review of Resident #1's hospice record showed that admission date was on . Resident #1's diet was mechanical soft, nectar thick liquids, Glucerna liquid 1 can per mouth daily.

Review of Resident #5's record showed that Health Assessment (AHCA form 1823) completed on and showed that the Resident needed assistance with all activities of daily living but was independent for eating.

Review of Resident #5's plan of care completed on and showed that the Resident was dependent for all activities of daily living.

An interview on at 2:13 PM the Administrator revealed that Resident #5 was able to perform activities of daily living just with assistance.

An interview on at 2:15 PM the Administrator revealed that Resident #5 was able to ambulate until , or . Resident #5 received bed bath and has changed since that health assessment.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966967	06/06/2017
NAME OF PROVIDER OR SUPPLIER **NATALIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2118 SW151 PLACE** **MIAMI, FL 33185**	

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

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the Assisted Living Facility failed to have consent for the use of bed rails for three (#1, #5 and #3) out of five sampled residents.

Findings included:

Observation on at 1:30 PM revealed that Resident #1 was resting in bed in # with full bed rails up.

Review of Resident #1's record revealed that there was a consent for the use of half-bed rail signed on . Resident #1's hospice doctor ordered full side rails on .

Review of Resident #5's record revealed that there was a doctor's order for full side rails for safety on by hospice doctor and included in the plan of care.

An interview on at 2:13 PM the Administrator revealed that the bed rail consent was not in record for Resident #5.

Review of Resident #3's record revealed that there was a doctor order for full side rail for safety by hospice on .

An interview on at 2:33 PM the Administrator revealed that Resident #3 did not have the consent for half-bed rails.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Assisted Living Facility failed to have Medication Observation Records (MORs) with accurate times the medications were offered or taken for one (#1) out of five sampled residents.

Findings included:

Review of Resident #1's MORs revealed scheduled medications for 8 PM: , 2 mg, , 0.25 mg, and 50 mg.

In an interview on at 7:36 PM the Staff Member C revealed that , 2 mg,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966967	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **NATALIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2118 SW151 PLACE** **MIAMI, FL 33185**	

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

, 0.25 mg, and 50 mg were for sleeping and stated, "I give them to him between 9 and 10 PM".

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to prepare and serve the therapeutic diet as ordered by the health care provider for one (#1) out of five sampled residents.

Findings included:

Observation on at 12:08 PM revealed Resident #1 ate in his Administrator fed him from the right side with small amounts of puree and apple sauce.

An interview on at 1:34 PM the Staff Member C revealed that Resident #1 sometimes ate blended food and sometimes regular. "I blended the food and made it puree."

Review of Resident #1's hospice record showed that admission date was on and the diet was mechanical soft, nectar thick liquids, Glucerna liquid 1 can per mouth daily.

Observation at 7:21 PM revealed that the Staff Member C brought yogurt, chocolate milk, and crackers into Resident #1's . Chocolate milk did not have thicker in. Staff Member C stated, "Let take your pills" and read medication labels.

On at 7:25 PM Staff Member C was stopped from giving the chocolate milk and crackers to Resident #1 because this did not follow the doctor's order.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966967	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **NATALIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2118 SW151 PLACE** **MIAMI, FL 33185**	

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 Assisted Living Facility failed to maintain documentation of an eligible Level II Background Screening in the employee's personnel file for two (A and B) out of three sampled staff members. The Assisted Living Facility failed to have completed attestation of compliance forms in records for three (Administrator, Staff Member B and C) out of three sampled staff members.

Findings included:

Review of Staff Member A's personnel record revealed the last background screening result on file was dated .

Review of Staff Member A's background screening result in the Clearinghouse database revealed that her last screening was performed on .

Review of Staff Member B's personnel record revealed the last background screening result was dated .

Review of Staff Member B's background screening result in the Clearinghouse database revealed that his last screening was performed on .

In an interview on at 11:33 AM the Administrator revealed she and Staff Member B had new background screenings done.

Review of Administrator, Staff Member B and Staff Member C's personnel files revealed that there was no proof that Administrator, Staff Member B and Staff Member C have Affidavit of compliance with background screening requirements in record at the time of the survey.

An interview on at 11:32 AM the Administrator revealed that she think that she sent the affidavit of compliance with the application. None of us has it.

Unclassified