STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968740	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **STELLAR ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14502 ROSEWOOD RD** **MIAMI LAKES, FL 33014**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on , 05-06, 2017. Stellar ALF, INC with Limited Mental Health license (AL 2608) had deficiencies found at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, interview, and record review the facility failed to ensure that licensed personnel administer medications to one of three (#1) sampled residents.

Findings included:

Record review revealed Resident #1's health assessment (date) revealed the resident required administration of medication.

Observation on .... at 11:40 am revealed Staff C was feeding Resident #1.

Interview on .... at 11:40 am Staff A and C reported Resident #1 could take his medications himself.

Observation on .... at 11:40 am revealed Resident #1 could not hold a spoon or the cup of water by himself.

Interview on at 11:40 am Staff A acknowledged that Resident #1 could not take the medications. Staff A stated, "I will make arrangement with the facility to provide his medications."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

Observation on at 9:30 am revealed that there were medications unlocked in facility's refrigerator. The medications belonged to Resident #1.

In an interview on .... at 1:00 pm Staff A stated "Hospice required to have them inside of the refrigerator, I cannot open the red box and they stated that it will be okay because they are staple."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on record review and interview the facility failed to have admission weights recorded for one of three sampled residents (#1).

Findings included:

Record review showed Resident #1 (admitted) did not have admission weight and/or weight log recorded at the time of the survey. Resident #1 required total assistance with most of his activities of daily living based on the health assessment dated .

Interview on at 1:07 pm Staff A stated Resident #1's record did not have the weight recorded because she did not have the equipment to do it.

Class III

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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 observation, record review, and interview the facility failed to have a level 2 background screening on file for one of five sampled residents (A).

Findings included:

Record review revealed Staff A (hired . . .) did not have a background screening on file at the time of the survey.

Further review revealed Staff A's background screening was eligible but it was printed out on (day of the survey).

Interview on . . . . at 10:00 am Staff A acknowledged that she printed her background on . . . . at 9:46 during survey. Staff A acknowledged that her background screening was not on file at the time of survey.

Unclassified