

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964360	(X3) DATE SURVEY COMPLETED 11/13/2017
NAME OF PROVIDER OR SUPPLIER BETHSHALOM ALF CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 7891 NW 171 STREET MIAMI, FL 33015	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at Bethshalom ALF Corporation on , 2017 .
Bethshalom ALF Corporation (Lic #9147) had the following deficiencies at time of survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review the facility failed to have written documentation after a significant change in health that resulted in hospitalization for one of six (#2) resident sampled.

Findings included:

Interview on at 10:58 am Staff D stated, "Resident #2 went to the hospital by ambulance for High". Staff D also explained "To tell you the true, I forgot to write it on her progress notes, I have the discharge paper from the hospital, but I have no progress notes and/or observation notes done."

Record review revealed Resident #2's progress notes did not have documentation of the hospitalization.

Class III

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

Based on record review and interview the facility failed to have admission weight recorded for one of two (#2) residents sampled. The facility also failed to have power of attorney (POA), surrogate, or guardianship documentation for one of six residents (#2) sampled. The facility failed to have a completed health assessment for one of six sampled residents.

Findings included:

1) Record review revealed that Resident #2's did not have initial weight information recorded. Record review revealed that Resident #2's family member signed the documents without a POA, surrogate, or guardianship available for review.

Interview on at 12:00 pm Staff D stated, "I will add the missing information for Resident #2, and I will ask the family member to bring the document, too."

2) Observation on at 10:00 am found Resident #2 walking to the transferring to her chair.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964360	(X3) DATE SURVEY COMPLETED 11/13/2017
NAME OF PROVIDER OR SUPPLIER BETHSHALOM ALF CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 7891 NW 171 STREET MIAMI, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review revealed Resident #2's health assessment did not have information for transferring and ambulation documented. Interview on at 11:00 am Staff D acknowledged Resident #2 did not have her health assessment completed. Class III 0167 - Resident Contracts - 58A-5.025 FAC Based on record review and interview the facility failed to have a monthly rate specified on the contract for one of six (#1) residents sampled. Findings included: The Admission/Discharge log revealed Resident #1 was admitted on . The facility did not have Resident #1's contract rate written on the agreement. Interview on at 12:30 pm the Administrator acknowledged Resident #1's contract did not have the monthly rate. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964360	(X3) DATE SURVEY COMPLETED 11/13/2017
NAME OF PROVIDER OR SUPPLIER BETHSHALOM ALF CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 7891 NW 171 STREET MIAMI, FL 33015	
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 ensure that two of six (C and E) sampled staff had documentation of compliance with level II background screening. Findings included: Record review on revealed Staff C's (hired) Background Screening stated, "Awaiting Privacy Policy." Record review revealed Staff E's (hired) Background Screening stated, "Awaiting Privacy Policy." Staff C's background-screening stated eligible on and Staff E's background-screening stated eligible on ." Interview on at 1:00 pm Staff D stated, "I did not notice that Staff C and E did not have an eligible background screening on file." Unclassified Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on observation, record review, and interview the facility failed to maintain the employment status of all employees within the clearinghouse. Findings included: The facility had Staff E listed on the monthly schedule (). Record review revealed the facility's employee roster did not have Staff E listed. Interview on at 1:30 pm Staff D stated, "I did not know Staff E was missing from the facility employee roster. I will add her; she is the staff who longer has worked with me." Unclassified		