STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **SHALON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7046 S W 103 PLACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Shalon ALF with a standard license (#10809) had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a health assessment completed within 30 days of admission for one out of six sampled residents (Resident #1).

Findings included:

Review of the admission and discharge log revealed Resident #1 was admitted on .

Review of Resident #1's record revealed the facility did not have a health assessment completed.

On at 10:50 AM Staff F stated that he did not know why this resident did not have the health assessment because the doctor came to the facility the previous day but he was going to inform this to the Administrator.

Class III

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

Based on record review and interview the facility's personnel records did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for five out of seven sampled staff (Staff B, C, D, E, F).

Findings included:

Personnel record review revealed Staff B-hired on as caregiver, Staff C- hired on as caregiver, Staff D hired on as caregiver, Staff E-hired on as caregiver, ad Staff F-hired on as caregiver did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

On at 12:00 PM Staff F stated he did not know exactly why these documents were missing, because he remembers to have gone to the doctor to have his physical done.

Class III

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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Record review revealed the facility did not have a written work schedule that reflects its 24- hour staffing pattern to review

On at 8:00 AM Staff F stated he did not know where the schedule was, and he thought that the Administrator probably took it from the board to update it and he forgot to put it back.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review, and interview the facility did not ensure that two out of seven sampled employees (Staff C and D) had received Nutritional & Safe Food Handling training prior to provide any personal/direct care to residents.

Findings included:

Personnel record review revealed Staff C- hired on and Staff D hired on as caregivers were in care of the five residents during the survey. Record review revealed facility did not have proof of training in safe food handling practices

On at 1:00 PM Staff F and G they both stated that they did not know what happened because the Administrator had sent them to have the training done.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure three out of seven sampled staff received 2/hours of training for assistance with self-administration of medications annually (Staff C, D, and E).

Findings included:

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Record review revealed Staff C's last training was dated . . . . . , Staff D's training was dated . . . . . , and Staff E's training was dated . The facility did not have proof of annual medication training.

On at 1:00 PM Staff F and G stated staff did not have the training up to date.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure the closet doors were working properly.

Findings included:

On at 7:50 AM during the tour observed the doors to the closets from # and # were hanging out on one side.

On . . . . at 7:50 AM Staff F stated the closet doors were like that because last night the residents woke up and try to get a shirt and he pull it too hard.

Class III

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

Based on record review and interview the facility failed to have an annual approved emergency management plan.

Findings included:

Record review revealed the facility's last emergency management planning was approved on .

On . . . . at 1:00 PM Staff F and G stated that they did not know about this but they were going to informed this to the Administrator.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, interview, and record review, the facility failed to maintain the employment status of all employees within the background screening clearinghouse for one out of seven sampled staff (Staff G).

Findings included:

On at 7:50 AM during the tour observed Staff G was working and taking care of the five residents in the facility.

Review of the employee roster on the background screening's clearinghouse showed Staff G was not listed.

On at 9:40 AM Staff G stated that she started working in the facility on as caregiver and she has been working every single day from Monday to Friday from 7:00 AM to 7:00 PM.

Unclassified