STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **MACHIN 2 ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15863 SW 150 TERRACE** **MIAMI, FL 33196**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017012951) was conducted on . Machin 2 ALF, Inc. with a Standard license #11935 had the following deficiencies found at the time of the survey:

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

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings included:

On at 8:15 AM Staff C was on duty assisting seven residents with activities of daily living (ADLs).

On at 8:15 AM the staff schedule for the month of revealed Staff B was also scheduled to work daily from 7:00 AM to 7:00 PM.

On at 9:50 AM Staff B arrived at the facility and stated she was not in the facility at 7:00 AM because she had some car problems and she understood that she needed to be in the facility at 7:00 AM.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, interview, and record review, the facility failed to operate within its licensed capacity of 6. The facility had a census of 7 residents.

Findings Included:

On at 8:15 AM observed seven residents in the facility. Residents #1, #2, and #3 were sitting in the living Residents #4, #5, #6, and #7 were in their .

A review of the facility's medication observation records (MORs) showed there were records for eight residents (1-8).

On at 8:15 AM during the tour Staff C gave the names of the residents. When the medications were observed there were eight trays of medications. Staff C stated she had forgotten to say that the facility has 6 residents and two daycare participants (including Resident #2) but she gives the medication to the daycare participants that is the reason why the facility had it. The Surveyor requested a second tour and Staff C gave different names for different .

On at 9:00 AM Resident #2 admitted to the facility on , stated that he had been living in the facility for a few months. He goes out to the backyard every now and then to walk. Resident #2 even walked to the # his bed and the closet where he keeps his clothing.

On at 9:55 AM during an interview with the owner and the administrator stated that they were not over capacity because they have only two participants as daycare.

Unclassified.