STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911830	**12/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF MANAGEMENT AND PROFESSIONAL SERVICES,	**21 SW 75 AVENUE** **MIAMI, FL 33144**

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

0000 - Initial Comments

A Complaint (CCR #2017011394) Survey was conducted on and concluded on . ALF Management and Professional Services, Inc., license #5902, had a deficiency found at the time of the survey:

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

Based on observation, record review ,and interview, the facility failed to maintain a written record, updated as needed, of any illnesses that resulted in the need for medical attention for one out of fourteen (Resident #1) sampled residents.

Findings Include:

Review of Resident #1's record documented she was admitted to the facility on and had diagnoses of Mental , , and . The Health Assessment dated indicated she was independent with eating, required supervision with toileting and transferring, and needed total assistance with bathing, dressing and . She needed medication administration. The resident started receiving hospice service on .

Resident #1's hospice record review showed, "Patient lives in ALF affected by the hurricane. No electricity power since 5 days ago, all safety measures were maintain, but the temperature in the very high, patient with axillar temperature of 100.9 F. Patient was transferred to hospital due to and absence of electricity in the ALF on . The Resident was diagnosed with hyperthermia and on ."

Hospital record review showed Resident #1 was transferred to the hospital via ambulance. The admission record showed that the resident was admitted on with diagnoses of and . The resident was discharged on to a Skilled Nursing Facility.

Resident #1's records revealed, the facility did not have documentation that the primary physician and family members were notified when the resident was transferred to a higher level of care. Resident #1 was admitted on , and discharged to the hospital on .

Interview conducted on at 12:10 PM, Resident's #1's sister stated, "I went to visit my sister after the hurricane and there was no electricity. The facility was very hot. There was no fans or air condition. My sister had a high . I contacted hospice and she was transferred to the hospital."

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Interview conducted on at 2:40 PM, the Administrator stated that the facility was without electricity for five days during the hurricane. She reported, "I had a generator and fans, and the residents had food and water all the time. Resident #1 was transferred to the hospital because she had a . I gave a 45 day notice to Resident #1's sister because we were unable to take care of her. Hospice found a new place for her. I keep resident's progress notes in my cellular phone."

Class III