STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964360	R **01/11/2018**
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 Revisit Biennial Survey was conducted at Bethshalom ALF Corporation on , 11 , 2018 (Lic # 9147). The following deficiencies were identified at the time of survey:

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review and interview, the facility failed to provide documentation of Nutrition and Food Service training for one of six sampled staff (F).

Findings included:

On at 10:00 am, observed Staff F preparing lunch for Residents #1-6.

A review of the personnel file revealed that there was no documentation of training on Nutrition and Food Service for Staff F.

On at 10:00 am Staff A acknowledged that Staff F was missing her Nutrition and Food Service training. Staff A showed a blank Nutrition and Food Service certificate and stated, "It just needs Staff F's name."

Class III

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

Based on record review and interview, the facility failed to provide documentation of a valid power of attorney (POA), Surrogate or Guardianship documentation for one of six residents sampled Resident #3.

Findings included:

Record review revealed that Resident #3's Family member signed the file documents. There was no documentation of a a notarized POA/Surrogate or Guardianship.

Interview on at 10:30 am Staff A stated, "I will ask the family member to bring the POA."

Class III

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

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have the emergency management plan reviewed annually.

Findings included:

A review of facility records revealed that the emergency management plan was dated on . Further record review revealed that the facility submitted the emergency management plan on (check #3502).

On at 10:00 am Staff A confirmed that the facility did not receive an electronic receipt, and no other documentation confirming the plan's submission was provided.

Class III