STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967763	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY CARE II, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13480 SW 89TH TERRACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . . . . . ALF Family Care II Corp. with a Limited Mental Health component license #11768 had the following deficiency 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 ensure that the health assessment (AHCA form 1823) for one out of six residents was completed in its entirety (Resident #6).

Findings include:

A review of Resident #6's health assessment dated . . . . , page#2, ADL ambulation, bathing, dressing, eating, ⌣ ⌣, toileting, transferring and eating were marked as total, and was marked on special diet instructions: Puree, Page#4, stated, Needs assistance with self-administration of medication, on a phone interview with the nurse she stated that she came to the facility twice a day to provide the medication to the resident and when she could not come another nurse came. Resident needs medication administration.

On at 1:00 PM the Administrator stated that she thought Resident #6 had a new health assessment because she knew that the resident required total care.

Class III