

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965853	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER BOSCH ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3060 NW 19 TERRACE MIAMI, FL 33125	

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

0000 - Initial Comments

A Complaint (CCR#2018015306) Survey was conducted on, 2018. Bosch ALF, Inc (license #10199) had the following deficiencies identified at the time of the survey:

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D162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview the facility failed to ensure one out of five sampled residents were notified 30 days in advance regarding a rate increase (Resident#2) . Findings include: A review of Resident #2's file showed that it contained a residency agreement dated , indicating that the resident paid \$700 monthly. The agreement dated rate was increased from \$700 to \$750. The file did have addendum for rate in file, but there was no documentation that the resident received 30 days notice of the increase. On at 2:15 PM the Administrator acknowledged she did not give her the 30 notice about rate increase. Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on observation, record review, and interview the facility failed to have a signed attestation of compliance for four out of four sampled staff (#A, B, C, and D) . Finding included: A review of the employee files for Staff #A, B, C, and D showed no Attestations of Compliance forms. On at 2:20 PM, the Administrator after reviewing the files, acknowledge they did not have the Attestation letter in the files. Unclassified		