STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2018. A-1 Assisted Living Facility Llc. (license # 1128) with Limited Mental Health component had deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a new face to face medical examination completed after a significant change for 1 out of 5 sampled residents (Resident # 2).

Findings included:

Record review of Resident # 2 revealed the resident was admitted to the facility on . The health assessment had no date written when the doctor completed it but it had a sticker from the rehabilitation hospital stating an admission date to rehabilitation of . The section stating any , 3 or 4 pressure said NO.

A review of the home health folder for Resident # 2 revealed that the resident was receiving care for a , on the right heel daily.

The owner stated on at 11:45 AM that the resident came from rehabilitation with that health assessment completed and that she developed the about a month earlier, and that she will get the doctor to complete a new health assessment to reflect that the resident has a , .

Class III

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

Based on record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

Review of the staffing schedule revealed that there was an employee (Staff G) listed as working in the month of . Review of the facility roster revealed that Staff G had an employment end date of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

On the owner stated at 11:18 AM, "She is not working now with us."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to provide a complete employment application with references furnished for 2 out of 6 sampled staff (Administrator and Staff C).

Findings included:

Review of the personnel records for the Administrator revealed that she was hired on and that her application for employment had no references.

Review of the personnel record of Staff C revealed that he was hired on and that his application for employment had no references.

On at 11:15 the Owner stated that the Administrator and Staff C had been employed for a long time and the application were always like that.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to have the signed attestation of compliance with background screening requirements in the employee's personnel file for 3 out of 6 sampled staff (Staff A, B and C).

Findings included:

Review of Staff A's personnel records revealed that the last level II background screening was completed on [redacted]; Staff B had the last level II background screening completed on [redacted] and Staff C had the last level II background screening completed on [redacted]. Staff A, B and C did not have the signed attestation of compliance with background screening requirements in the employee's personnel file.

On [redacted] at 2:00 PM the owner stated, "This is unbelievable; we had them last time we had a survey, somebody removed them."

Unclassified