STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968990	03/01/2018
NAME OF PROVIDER OR SUPPLIER **STAYWELL ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16961 SW 149TH AVE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . and . . . . . . Staywell ALF with a Limited Mental Health component, License #12832 had the following deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have an Administrator who passed the CORE competency test no later than 90 days after becoming employed as a facility's Administrator.

Findings included:

A Review of the Florida Health Finder database revealed that Staff A is the Administrator of the facility.

Review of Staff A's employee file revealed that Administrator was hired on ,. Further review of Staff A's file revealed she took the CORE training on and there was no documentation the Administrator passed the CORE competency test as required within 90 days of being the Administrator.

On at 1:05 PM Staff A stated "I sent the change of Administrator last month, I have not passed the CORE test, so Staff B will be the new administrator. The staff is already scheduled to take the test."

Class III

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

Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled residents who had a contract signed had proof of a health care surrogate, health care proxy, guardian, or the appointed power of attorney for one 1 out of 2 sampled residents.

Finding included:

A review of Resident #1 showed the resident was admitted on . . . . . , health assessment dated documented the resident requires assistance handling personal affairs. Further review of the resident's file showed the contract was signed by the resident's spouse and there was no documentation of a power of attorney in the record,

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On _____ at 11:30 AM Staff A stated, "I know Resident #1's spouse has the Power of Attorney, she has just forgot to bring me the copy."

Class III

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NAME OF PROVIDER OR SUPPLIER **STAYWELL ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16961 SW 149TH AVE** **MIAMI, FL 33187**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain documentation of an eligible Level II Background Screening in the employee's file for one of five sampled staff (Staff B).

Findings included:

A review of Staff D's employee file revealed the staff was hired on and there was no documentation of an eligible background screening in the file.

A review of Staff's background screening result in the background screening database revealed that her last screening was performed.

On at 11:04 AM Staff A stated, "Staff D completed the background screening, I just forgot to place the result in her file."

Class III