STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had the following deficiencies found at the time of the survey:

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

Based on record review, and interview the facility failed to have a completed health assessment done by healthcare provider documenting the type of assistance the resident needs with medication management for one out two sampled residents (Resident #1)

Findings included:

A review of Resident #1's file revealed the resident was admitted on , health assessment dated . . . . did not have documented the type of assistance the resident needs with medication management."

On at 12:28 PM Administrator stated "The health assessment being incomplete has to be a mistake from the physician, because he is the one that completes them."

Class III

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

Based on record review and interview the facility failed to provide documentation of an updated Emergency Management Plan submitted and approved by the local agency.

Findings included:

Record review showed that the facility's last Emergency Management Plan approval letter was dated

On at 1:12 PM Administrator stated "We submitted the emergency plan, but I called the agency and they said they are backed up on their paperwork."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have an up to date annual Community Living Support Plan and agreement for 2 of 4 sampled residents (Resident #3 and #4).

Findings included:

Record review revealed that Resident #3's file showed diagnoses of . The resident is receiving . The last annual Community Living Support Plan signed was not in file.

Record review revealed that Resident #4's file showed diagnoses of . The resident is receiving . The last annual Community Living Support Plan signed was not in file.

On at 1:15 PM Administrator stated "We will be contacting the doctor about completing Limited Mental health License Community Living Support Plan and Agreement."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to report any change in the employment status of one of three sampled employees within 10 business days on the background screening clearinghouse roster (Staff C).

Findings included:

A review of Staff C's employee file revealed the staff was hired on .

A review of the background screening database revealed Staff C was not listed on the facility roster.

On at around 2:00 pm, the Administrator said she will be adding the Staff C on the background screening roster.

Unclassified