STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	R **03/13/2018**
NAME OF PROVIDER OR SUPPLIER **KELLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10410 SW 127TH AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR#2017007943) revisit was conducted on 03/13/2018. Kelley ALF with a standard license # 10880 had a deficiency found at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility still failed to complete an adverse incident report for one of six sampled residents, who was hospitalized four times in three days due to changes in her condition (Resident #6).

Findings included:

A review of facility records and the incident report database on showed that there was no incident report regarding Resident #6's hospitalizations on , , and .

On at 10:25 AM, the Administrator stated that her consultant completed and submitted the incident report.

Uncorrected
Class III