STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967353	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1627 NW 62 TERRACE** **MIAMI, FL 33140**	

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

0000 - Initial Comments

A Complaint (CCR# 2018005512) Survey was conducted on , 2018 and concluded on , 2018. Calvinelle Adult Home ALF (License #11422) had the following deficiencies identified at time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview, record review, and observation the facility failed to honor resident rights and treat the residents with dignity and respect. The facility discharged two of 10 sampled residents to an undefined facility which was not licensed by the Agency without proper notice of discharge.

Finding included:

Entered the undefined location at 1557 NW 62 Terrrace, which was not licensed by the Agency on at 4:38 PM, Resident #2 was interviewed. Resident #2 revealed Staff A "wanted me to move down here."

Review of admission and discharge log for Calvinelle Adult Home ALF revealed Resident #2 was admitted on and discharge to independent living on . The facility did not provide a 30 day notice from the resident to discharge or a 45 day notice from the facility for discharge. Based on the records at the facility, it is unclear why Resident #3 was discharged to the undefined property or who chose the location for Resident #3 to be discharged to.

On at 4:29 PM observed Resident #3 standing outside the front gate of the ALF. She stated she stood out front because she was using the ALF's WiFi connection. She revealed she lived at 1557 NW 62 Terrace. This property was for Staff A (Administrator of Calvinelle South Assisted Living Facility). She also revealed she used to live at the ALF.

Review of the admission and discharge log for Calvinelle Adult Home ALF revealed Resident #3 was admitted on and was discharged to independent on . The facility did not provide a 30 day notice from the resident to discharge or a 45 day notice from the facility for discharge. Based on the records at the facility, it is unclear why Resident #3 was discharged to the undefined property or who chose the location for Resident #3 to be discharged to.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967353	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1627 NW 62 TERRACE** **MIAMI, FL 33140**	

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure staff had proof of a negative examination documented on an annual basis for one out of eight (E) sampled staff.

Findings included:

Record review found Staff E did not have proof of a negative ( ) examination documented on an annual basis. The last statement for Staff E was dated and expired on .

Interview on at 11:30 AM Staff B acknowledged after review of file that Staff E did not have an updated proof of negative on file.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview the facility failed to have income and expense records available for review.

Findings included:

Financial record review revealed the facility did not have completed income and expense records for the last three months including .

Interview with the Administrator on at 3:52 PM revealed the facility did not have the income and expense records for the month of .

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review the facility failed to have the reason for discharge and identification of the address to which the resident was discharged documented on the log.

Findings included:

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	AL11967353	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1627 NW 62 TERRACE** **MIAMI, FL 33140**	

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

On at 4:38 PM Resident #2 was interviewed at the undefined property. Resident #2 revealed Staff A "wanted me to move down here."

Review of admission and discharge log for Calvinelle Adult Home ALF revealed Resident #2 was admitted on and discharge to independent living on .

On at 4:29 PM observed Resident #3 standing outside the front gate of the ALF. She stated she stood out front because she was using the ALF's WiFi connection. She revealed she lived at 1557 NW 62 Terrace, an undefined property which was not licensed by the Agency. This property was for Staff A (Administrator of Calvinelle South Assisted Living Facility). She also revealed she used to live at the ALF.

Review of the admission and discharge log for Calvinelle Adult Home ALF revealed Resident #3 was admitted on and was discharged to independent on .

Record review revealed the admission and discharge log at the facility did not have the reason for discharge or the address where Resident #2 and #3 were discharged to.

Class III