| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967324** | **06/01/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SHALOM ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**441 NW 33 AVE**<br>**MIAMI, FL 33125** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on [redacted] and concluded on [redacted] Shalom ALF (License #11381) had deficiencies identified at the time of the survey:

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on record review and interview, the facility failed to have a completed health assessment for one out of six (Resident #5) sampled residents.

Findings include:

Record review showed Resident #5's health assessment dated [redacted] did not indicated what type of assistance with medications was required.

Interview conducted [redacted] at 2:30 PM, the Administrator stated that the facility helps Resident #5 with her medications. She stated that she would have the doctor fix the health assessment.

Class III

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

Based on observation, record review, and interview, the facility failed to discharge a residents that no longer met continued residency criteria for one out of six (Resident #5) sampled residents.

Findings included:

Observation on [redacted] at 9:35 AM found Resident #5 lying in bed with half bed rails up.

Interview conducted on [redacted] at 2:00 PM, Administrator revealed Resident #5 was unable to assist with her own transfer.

Review of Resident #5's record showed she was admitted to the facility on [redacted], diagnosed with [redacted], high [redacted], and [redacted]. The health assessment dated [redacted] documented that she required assistance with the activities of daily living.

Class III

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

Based on observation, record review, and interview, the facility failed to obtain a written physician's order for the use of half-bed rail for one out of six (Resident #5) sampled resident.

Findings included:

Observation on . . . . . at 9:35 AM found Resident #5 had half bed rails attached to her bed.

Resident's #5 record review showed that the there was no written physician's order for the use of half bed rails.

Interview conducted on at 2:20 PM, Staff A confirmed the findings and stated, "I do not have the physician's order for the half bed rail in her record."

Class III

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

Based on record review, and interview, the facility's personnel records did not include a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for one out of three (Staff A and C) sampled staff. The facility failed to have evidence of a negative examination documented on an annual basis for one out of three staff (Staff B) sampled staff.

Findings included:

Record review revealed Staff A (hire date . . . . . ) and Staff B (hire date . . . . ) did not include a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . Staff B did not have evidence of a negative . . . . . examination documented on an annual basis. The last statement on file for Staff C was dated .

Interview conducted on at 2:30 PM, the Administrator acknowledged Staff A, B and C did not have documentation in their files.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on record review and interview, the facility did not ensure that one out of three sampled employees (Staff C) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Findings include:

Record review of Staff C did not have documentation that she received in-service training within 30 days of employment that covers resident elopement response policies and procedures. Staff C was hired on .

Interview conducted on at 2:00 PM, the Administrator confirmed that Staff C did not receive in-service training that covers resident elopement response policies and procedures.

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 evidence of personnel records containing a copy of the employment application for one out of three ( Staff C) sampled staff.

Findings included:

On at 9:20 AM was observed Staff C was taking care of the five residents in the facility.

Review of Staff C's personnel record did not contain documentation of a copy of the employment application.

Interview conducted on at 2:00 PM, the Administrator stated Staff C did not have an employment application with references in her file. She said that Staff C was hired on .

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to have a weight record initiated at the time of the admission and to have a weight record every six months for one out of six sampled residents (Resident #5).

Findings include:

Review of Resident #5's record revealed it did not contain documentation of her weight at the time of admission and every six months. Resident #5 was admitted on . Health Assessment done on indicated the resident needed assistance with the activities of daily living.

Interview conducted on at 2:15 PM, the Administrator confirmed Resident #5's record did not contain documentation of her weight.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview, the facility failed to ensure the staff completed the minimum of 3 hours of continuing education in limited mental health for two out of three (Staff A and B) sampled staff.

Findings included:

A review of the facility license showed the limited mental health component.

Staff record review showed the last mental health continuing education for Staff A was dated and for Staff B was dated .

Interview conducted on at 2:00 PM, the Administrator stated, "We are going to receive the 3 hours continuing education on ."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on observation, record review, and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for three out of five ( Staff C, D, and E) sampled staff.

Findings included:

Record review of background screening clearinghouse database showed that Staff D and E were listed ; Staff C was not listed. Staff C was hired on .

Interview conducted on at 2:00 PM, the Administrator stated, "Staff D and E do not work in the facility for more than one year."

Unclassified

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

Based on observation, record review, and interview, the facility failed to provide an updated level II background screening for a staff member who had a break in service of more that 90 days for one out of three (Staff C) sampled staff.

Findings included:

On at 9:20 AM was observed Staff C was taking care of the five residents in the facility.

Interview conducted on at 11:25 AM, Staff C stated, "I took care of my mother for more than a year."

A review of the personnel's file showed that Staff C was hired on . She had not worked in another facility prior to this one. The background screening was dated .

Unclassified