STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967353	R 07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE ADULT HOME ALF	**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) Revisit Survey was conducted on . . 14th, 2018 and concluded on , 5th, 2018. Calvinelle Adult Home ALF (License #11422) with limited mental health and limited nursing services components had the following uncorrected deficiency identified at time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to have the facility or place from which the resident was admitted recorded for two out of 15 sampled residents (#11 and #12) . The facility also failed to have the discharge date recorded for two out of 15 sampled residents. The facility failed to have the reason for discharge and identification of the address to which the resident was discharged documented on the log for two out of 15 sampled residents (#14 and #2) .

Findings included:

Review of the admission and discharge log revealed that Resident #11's admission date was on . Resident #12's admission date was . There was no documentation about the place from which the residents were admitted.

Review of admission and discharge revealed that Resident #13's admission date was . . . . . The resident was discharge from the facility and admitted to a sister facility on unknown date. The resident was readmitted to the facility on . . .

Review of admission and discharge revealed that Resident #15's admission date was . . . . . The resident was discharged from the facility on an unknown date.

Record review revealed the admission and discharge log did not have the reason for discharge or the address where Resident #14 was discharged to. Resident #14's admission date was . . . . . and discharge date was .

Review of Resident #2's record showed that the discharge date was on and there was no documentation about where the resident was discharged to.

On . . . . . at 3:44 PM, when informed about the problems in the admission and discharge log, the Administrator did not reply.

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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
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Uncorrected
Class III