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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967226</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>07/26/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALF FAMILY SOLUTION CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7235 SOUTH WATER WAY DRIVE<br/>MIAMI, FL 33155</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An Abbreviated Biennial Survey was conducted on _____, 2018. ALF Family Solution Corp (license #11312) had the following deficiencies identified at the time of the survey:</p> <p><b>0054 - Medication - Records - 58A-5.0185(5) FAC</b></p> <p>Based on observations, record review and interview the facility failed to ensure the medication log was accurately maintained for six out of six sampled residents (#1, 2, 3, 4, 5, and 6).</p> <p>Findings included:</p> <p>Review of the Medication Observation Records showed the medication had not been initialed as given for Resident #1, 2, 3, 4, 5, and 6 on _____ for PM medications.</p> <p>Medication reconciliation conducted on _____ during medication pass observation at 7 PM found the _____ packs did not have medications in them for _____ for the PM medications.</p> <p>On _____ at 7:20 PM with the Administrator acknowledged the findings after discussing them with Staff B.</p> <p>Class III</p> <p><b>0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC</b></p> <p>Based on observations and interview the facility failed to ensure medications were stored in a locked receptacle at all times.</p> <p>Findings included:</p> <p>Observations made on _____ at 9:20 AM found two separate bags of medication on the desk in the office area. On _____ at 9:30 AM observed Staff B pick up the bags and move them to a corner in the common area. The medication sheets attached to the bags verified the medications belonged to Residents #1 and #4.</p> <p>On _____ at 9:32 AM Staff B stated, "They are the medications for next month."</p> |                                                                                                |                                                     |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

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| <p>Class III</p> <p><b>0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC</b></p> <p>Based on record review and interview, the facility failed to appoint in writing a manager for the facility.</p> <p>Findings included:</p> <p>Review of the provider locator database showed the administrator supervised two assisted living facilities. Review facility's records showed the facility did not have a qualified manager appointed.</p> <p>On at 1:30 PM the Administrator stated, "Staff B (hired ) is one of the managers but she has not passed the CORE test yet."</p> <p>Class III</p> <p><b>0083 - Training - First Aid and - 58A-5.0191(5) FAC</b></p> <p>Based on record review and interview, the facility failed to ensure that one out of four sampled staff who had completed First Aid and ( , ) training and who held a currently valid card documenting completion of such courses was in the facility at all times (A).</p> <p>Findings included:</p> <p>Review of employee files for the Administrator showed no documentation of current First Aid and training. The last First Aid and training on file was dated and expired on . Administrator had no updated First Aid and training.</p> <p>On at 2:45 PM with the Administrator acknowledged he did not have the updated First Aid and trainings.</p> <p>Class III</p> |                                                                                                |                                                     |

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| <p><b>0160 - Records - Facility - 58A-5.024(1) FAC</b></p> <p>Based on record review and interview, the facility failed to have an updated sanitation inspection report issued by the county health department.</p> <p>Findings included:</p> <p>Review of the sanitation inspection report issued by the county health department posted on the wall showed that it was dated 11/1/17. The results were satisfactory and the inspection expired on 11/1/17.</p> <p>On 7/26/18 at 12:35 PM, the Administrator acknowledge the inspection was not updated and that he had not received the current one yet.</p> <p>Class III</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on record review and interview failed stored the fuel for generator 10 feet away from house.</p> |                                                                                                |                                                     |

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| <p>Findings included:</p> <p>On            at 12:45 PM the fuel for generator was found outside less than 10 feet away from house.</p> <p>On            at 11:35 AM, the Administrator stated, "I will have to buy a shed to store the gas." At 1:00 PM the Administrator stated, "I am going to have someone build the mount to store the fuel."</p> <p>Class III</p> <p><b>L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC</b></p> <p>Based on record review and interview the facility failed to ensure that one out of five sampled staff completed the initial 6 hours training in Limited Mental Health (LMH) and that two out of five sampled staff completed 3 hours continuing education training (Staff D, Staff A &amp; B).</p> <p>Findings included:</p> <p>Record review showed the facility had a standard license with a Limited Mental Health component.</p> <p>Review of personnel records showed that Staff A and B did not have 3 hours LMH continuing education training. Staff D (hired     ) did not have the 6 hours required training.</p> <p>On     at 2:50 PM, the Administrator acknowledged that the staff did not have the required trainings.</p> <p>Class III</p> |                                                                                                |                                                     |