STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966763	**10/02/2018**
NAME OF PROVIDER OR SUPPLIER **MACHIN 1 ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18111 SW 143 COURT** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2018010021) was conducted on . . . . . Machin 1 ALF Inc. (License #10909) had deficiencies found at the time of the survey.

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 used two half-bed rails on one side of the bed as . . . . . for two out of five (Resident #7 and #8) sampled resident.

Findings included:

Observation on . . . . . at 9:35 AM found Residents #7 and #8 had two half bed rails attached to one side of their beds.

Residents #7 and #8 record review showed that there were a written physician's order for the use of half bed rails. Resident #7's was dated . . . . . and Resident #8's was dated . . . . .

Interview conducted on . . . . . at 1:35 PM, the Owner acknowledged the findings and stated that he will remove one half bed rails attached to Residents #7 and #8's beds.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to be under the supervision of a qualified Administrator for more than 120 days.

Findings included:

Review of Administrator's personnel record revealed that he completed 26 hours CORE training on . . . . . and became the administrator of the facility on . . . . . Further review revealed that she had no CORE certification card in the record.

A review of the certification database (CORE certification) showed no records that the Administrator passed the test.

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Interview conducted on . . . . . at 1:10 PM, the Owner stated that the administrator passed the test but the documentation was not in the facility during the survey.

Class III

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

Based on observation, record review, and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of eight (Resident #3) sampled residents.

Findings included:

Record review showed Resident #3's wife signed the facility's contract. There was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for Resident #3.

Interview conducted on at 1:35 PM, the Owner confirmed that there was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for Resident #3.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, and interview, the facility failed to have 48 hours fuel stored onsite.

Findings include:

Observation on . . . . . at 09:35 AM showed the facility did not have 48 hours of fuel stored onsite.

Interview conducted on . . . . . at 1:30 PM, the Owner confirmed that the facility did not have fuel stored onsite.

Class III