

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967486	(X3) DATE SURVEY COMPLETED 10/25/2018
NAME OF PROVIDER OR SUPPLIER CHALET AT OLD CUTLER (THE) LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7210 SW 148 TERRACE CORAL GABLES, FL 33158	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial survey was conducted on Chalet at Old Cutler (The) Llc., with standard license #11539, had the following 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 ensure that 1 out of 4 sampled residents' (Resident #3) had an updated health assessment on the required form medical examinations in the AHCA form 1823, Resident Health Assessment for Assisted living facilities, 2017. Findings as follow: Resident's #3 health assessment review (dated) showed, it was completed on the Resident Health Assessment form 1823 assisted living facilities of , 2013 instead of the , 2017 version. On at 3,00 PM the Manager stated she did not know there was a newer version of the form than the one dated 2013. Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an updated staff roster in the register in the Background Screening Clearinghouse. 1 out of 5 (Staff E) staff was not listed.

Findings as follow:

Staffing pattern review showed Staff E was scheduled to work on from 6 PM until 6 am.

Background Screening Clearinghouse database review showed Staff E was not registered.

On at 3.00 PM the Manager stated she would update the clearinghouse database.

Class III