STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968275	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **OSMANI M ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **26423 SW 122 PLACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018012327) was conducted on and concluded on . Osmani ALF, Inc with Limited Mental Health Component, License #12215 had the following deficiencies identified at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate written work schedule that reflects its 24-hour staffing pattern.

Findings included:

On at 9:27 AM arrived to the facility and observed Staff C alone with a census of 6 residents in the facility.

A review of the facility staff schedule for showed Staff A was scheduled from 7:00 AM- 8:00 PM, Staff B was off, Staff C was scheduled from 8:00 PM-12:00 PM, and Staff D was off.

On at 9:55 AM Staff B stated, "We have to correct the schedule, we are behind on some paperwork."

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure one out of three sampled staff have a current First Aid and training (Staff B).

Findings included:

A review of Staff B employee file revealed the First Aid and training expired on .

On at 9:55 AM Staff B stated, "I did not noticed that my First aid and training were expired, I will renew the training right away."

Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to provide a safe and decent living environment for facility residents. The facility had two large recreational vehicles filled clutter and the . . . and front yard was kept with litter.

Findings included:

On at 9:30 AM observed a recreational vehicle parked in front of the facility. At the side of the facility were large round plastic wheels.

On . . . . . at 9:33 AM observed in . . # , there was a strong odor in room.

On . . . . . at 9:39 AM observed on the patio, a larger recreational vehicle filled with walkers, electrical . . , and metals.

On at 10:19 AM Staff B stated, "We clean daily, the recreational vehicles are here because we are keeping them for a friend but we will removed them right away."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to have the emergency power plan available at the facility. The facility also failed to have written policies and procedures of the operation and maintenance of the alternate power source. The facility failed to notify each resident or resident representative in writing of implementation of the plan. The facility also failed to a monoxide detector.

Findings included:

On . . . . . at 1:50 PM observed that the facility did not have a . . . monoxide detector and fuel stored onsite.

A review of the resident files revealed there was no documentation that the resident or resident representative were informed about the implementation of the emergency management plan.

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

A review of the facility records revealed there was no documentation of the emergency power plan, written policies and procedures of the operation and maintenance of the alternate power source.

On [redacted] at 11:47 AM Staff B stated, "We do not have an emergency plan, I have to look for it. We do not have any monoxide detectors or the letter that is required to notify the residents. We will complete that paperwork for the next survey."

Class III