STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964899	**10/23/2018**
NAME OF PROVIDER OR SUPPLIER **ST JOSEPH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **16100 SW 101 AVE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . St Joseph ALF with Limited Mental Health component had the following deficiencies at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative examination be documented on an annual basis for three out of five staff (Staff B, D, and E) sampled staff.

Findings included:

Review for Staff B, D and E's record did not have their evidence of a negative examination be documented on an annual basis. The last statement on file for Staff B was dated , Staff D was dated , and Staff E was dated .

Interview conducted on at 11:30 AM, the Administrator confirmed that Staff B, D and E did not have updated documentation in their file.

Class III

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

Based on record review and interview, the facility failed to have a completed health assessment for one out of four (Resident #4) sampled residents.

Findings Include:

Record review for Resident #4 admitted to the facility on , health assessment completed on did not indicate resident's , diet and if the resident require supervision or assistance with the activities of daily living.

Interview conducted on at 11:40 AM, the Administrator confirmed that Resident #4's health assessment was incomplete.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to update the annual community living support plan for one out of four (Resident #2 and #3) sampled limited mental health residents.

Findings included:

Resident record review showed that the last Annual Community living support plan for Resident #2 was done on and Resident #3 was done on . The facility did not have the annual documentation for the residents.

Interview conducted on at 11:40 AM, the Administrator confirmed that there was no update annual community living support plan for Resident #2 and #3.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure that the staff received the initial limited mental health (LMH) training within 6 months of employment for one out of five (Staff D) sampled staff.

Findings included:

A review of Staff D's file showed the facility did not have documentation that the staff received the Limited Mental Health (LMH) initial training. Staff D was hired on .

Interview conducted on at 12:20 PM, the Administrator acknowledged that Staff D did not receive the initial limited mental health (LMH) training as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **ST JOSEPH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **16100 SW 101 AVE** **MIAMI, FL 33157**	

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

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

Based on record review and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for one out of five (Staff D) sampled staff.

Findings included:

Record review of background screening clearinghouse database showed that Staff D hired on was not listed.

Interview conducted on . . . . at 11:40 AM, Administrator confirmed that Staff D was not listed.

Unclassified