STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **KENDALL ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10230 SW 91 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A standard biennial survey was conducted on 11/19/2018. Kendall ALF II Llc. with a standard license had the following deficiencies identified at the time of the visit:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to conduct at least 2 elopement drills per year.

Findings as follow:

Record review showed no documentation of an elopement drill log showing the drills conducted.

On at 2:40 PM the Administrator stated the facility did not conduct the elopement drills this year. The Administrator added they would have a elopement drill log for next visit.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to provide documentation of a Power of Attorney for 1 out of 6 (Residents #1) residents.

Findings as follow:

Residents' record review showed Resident #1 Contract was signed by a family member. Further record review showed no documentation of a properly executed Power of Attorney for Resident #1.

On at 1:30 PM the Administrator stated she had requested the power of attorney from the family of Resident #1 several times without success. The Administrator proceed to call the family member and request the Power of Attorney again.

Class III

Based on observation and interview, the facility failed to have the alternate power source and fuel supply located in an area(s) at least 10 from the facility. The facility also failed to inform residents and family, in writing, about the power plan implementation.

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Findings as follow:

On . . . . at 2:57 PM, observed the generator and the fuel (propane gas) in the facility's garage.

The Administrator stated the generator and the propane gas would be placed in a separate storage , 10 from the facility.

Class III

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to conduct a background screening for 1 out of 6 (Staff E) Staff who had a 90 day break in service.

Findings as follow:

Staff E's personnel record review showed she was hired on . Staff E's employment application review showed she worked in an assisted living facility from until . There was no documentation of Staff E working in a facility between and .

On at 2:30 PM the Administrator stated Staff E had a 90 day break in service but she believed Staff E was not coming to work. She also added did not know about the regulation regarding the 90 day break in service.

Unclassified