STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	R 12/05/2018
NAME OF PROVIDER OR SUPPLIER **SHALON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7046 S W 103 PLACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Complaint (CCR #2018004742) 2nd Revisit Survey was conducted on 11/15/2018 and concluded on 12/05/2018. Shalon ALF, had deficiencies identified at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility did not document any significant changes or incidents for 1 out of 7 sampled residents who was transferred to the hospital by a family member after being found on the floor at the facility (Resident #7).

Findings Included:

Resident #7's health assessment date documented a medical history of , , , , HCP, , 's, OA, , , . The resident needed assistance with ambulation, bathing, , self care, toileting, and transferring. Resident needed supervision with bathing and needed precautions.

Review of the progress notes showed the facility did not have any documentation of Resident #7's or injuries from the chair. The facility did not have any documentation the Resident #7's family or doctor was called after the or injuries sustained from the chair.

Hospital records from for Resident #7 revealed ", (paint) was found on the floor with signs of injury." / exam noted a , that is superficial.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete a 1 day and 15 day full report for 1 out of 7 sampled residents (Resident #7). Resident #7 in the facility and had injuries.

Findings Included:

Record review found the facility did not complete an adverse incident for Resident #7, who required precautions. Resident #7 in the facility in .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	R **12/05/2018**
NAME OF PROVIDER OR SUPPLIER **SHALON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7046 S W 103 PLACE** **MIAMI, FL 33173**	

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

Incident report web site was checked and the facility had not completed an incident report.

On at 10:00 AM according to the Administrator, "I cannot do the incident report because it never happen"

Hospital records from for Resident #7 revealed ", (paint) was found on the floor with signs of injury." / exam noted a , that is superficial.

Uncorrected Class III