STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967992	R 01/08/2019
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 Revisit Survey was conducted on , 8, 2019. Kendall ALF II, Inc. with a standard license, had the following deficiencies identified at the time of survey:

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

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes that resulted the receipt of medical care or additional services for one of six sampled residents (Resident 1) .

Findings included:

Review of Resident 1's record showed progress notes for , , stating resident was stable and notes for , stating resident stated hospice services. Review of hospice record showed resident had , on , at 11:30 PM. The resident's record did not provide any documentation on when he , . The Administrator acknowledged that the resident record did not have this information .

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep medications and over-the-counter preparations locked at all times for one of six sampled residents (Resident #2).

Findings included:

On , , at 10:00 AM, observed over the counter , Suppositories over nightstand for Resident 2. Staff C stated at 10:00 AM, "The family brought it because the resident insists that she cannot go to the bathroom."

On , , at 10:05 AM, observed the medication cabinet open for all resident's prescribed medications. Staff pretended to open cabinet with a key but the lock had already been observed open and broken. Further observation showed, on a table by the medication cabinet, a bottle of Rubbing . Staff C removed the bottle and stated she was not sure why it was there.

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SUMMARY STATEMENT OF DEFICIENCIES
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On , , at 10:15 AM, observed inside the unlocked refrigerator, medications inside an unlocked black box for Resident 6: , .03% and .2-.5 %. Staff C acknowledged that the medications needed to be locked.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide documentation of a pre-service orientation of at least 2 hours for one of seven sampled staff (Staff F).

Findings included:

Review of Staff F's record showed a hire date . The record did not have documentation of the required pre-service orientation of at least 2 hours.

On at 1:00 pm, the Administrator acknowledged the staff was missing the training.

Class III

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

Based on observation and interview, the facility failed to provide a safe environment, free of hazards, to six of six sampled residents (Residents #).

Findings included:

On , at 10:00 AM, observed , with the closet doors either not installed or broken. In addition, the ceiling at the living room had a yellow stain by the fire alarm detector and outside on the of the facility, observed the wood floor by one of the resident's room broken and also, a discarded sofa and mattresses located against the wall on the grass.

On at 1:00 pm, the Administrator stated her husband was going to fix it but he was ill.

Class III

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

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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)

Based on record review and, the facility failed to provide documentation of a Power of Attorney (POA) for 1 of 6 sampled residents (Residents 1).

Findings included:

Review of Resident 1's record showed a contract with the facility signed by daughter. Further record review showed no documentation of a properly executed POA for the resident.

On at 1:00 pm, the Administrator stated that she was going to see how to correct it, as the resident was no longer at the facility.

Uncorrected
Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have the alternate power source located in an area at least 10 from the facility.

Findings included:

On , , at 10:05 AM, observed the generator stored inside a hallway closet by the resident rooms. During the survey, the Administrator's husband transferred the alternate power source, generator, to the outside backyard of the facility and placed it near the fence.

On , the Administrator stated "My husband kept it inside because he is afraid that is going to be taken."

Uncorrected
Class III