STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	**02/01/2019**
NAME OF PROVIDER OR SUPPLIER **ALEA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5304 NW 16TH STREET** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted at Alea ALF on . . . . at, License #9465. The facility had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

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

The findings included:

During the entrance conference with the Administrator, on . . . . at 9:15 AM, she identified one resident as a possible elopement risk. However there has been no incidents of elopement. A record review of the facility's Adverse Incidents reveal no incidents of elopement. A record review conducted on . . . . of the facility's Elopement Drill Log reveal that the facility did not conduct (2) two Elopement Drills in the year 2018. During interviews with the residents, stated that they do not have any of those drills, just fire drills.

The Administrator was present during the survey and confirmed the findings and no further documentation or information was provided.

Class

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . including . . . . (. . . .) annually, for 2 of 3 sampled employee records reviewed (Owner; and Administrator).

The Findings Included:

During personnel record review with the Administrator for three staff members indicated the Owner and Administrator's file did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable . . . . . , including . . . . annually. The last . . . . and physician statement found in Owner's record dated . . . . ; and the last . . . . and physician statement

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found in the Administrator's record dated is not current.

The Administrator was present during the survey, confirmed the findings, and no further documentation or information provided.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on employee record review and staff interview, the facility failed to ensure the facility is operating by a qualified Administrator by meeting the required training.

The Findings Include:

During a record review of employee's files with the Administrator on , revealed the Administrator 's file lacked evidence of a minimum of 26 hours core training including successfully passing the competency test. The Administrator's personnel file revealed a hire date of and completed the CORE training on . During an interview with the Administrator, on at 2:30 PM, she stated that she took the course but not the competency test. The facility failed to provide any documentation of a certified CORE number or certificate of passing the competency test.

The Administrator was present during the survey on and confirmed the findings and no further information provided.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide a current and approved (CEMP) Comprehensive Emergency Management Preparedness plan by the local emergency management agency.

The findings included:

During an interview with the Administrator, on at 10:30 AM, a request made to review the current and approved letter of the facility's CEMP (Comprehensive Emergency Management Preparedness) plan by the local emergency management agency. The facility provided the last CEMP letter of approval,

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SUMMARY STATEMENT OF DEFICIENCIES
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dated , with an expiration date of . The facility delivered the plan for approval to the local County Emergency Division stamped dated receipt of submission of CEMP for approval on and currently pending on review.

The Administrator was present during the survey and confirmed the findings and no additional information provided.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to maintain the Background Screening Compliance Attestation for all employees by having documentation of an Affidavit in the employee's personnel file for 2 out of 3 sampled staff record reviewed; (Owner and Administrator)

The findings included:

An employee record review conducted on with the Owner, revealed no documentation of Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, in the Owner and Administrator's file. A record review of the Owner's personnel record reveal a date of hire of and the Administrator's personnel record reveal a date of hire of . This form must be completed by the individual and retained by the provider upon hire to attest they qualify for employment and meet the requirements. The requirements include, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.

During an interview with the Owner, on at 3:00PM, she acknowledged and confirmed the findings and no further information or documentation provided at that time.

Class III