STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R **03/15/2019**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Complaint Investigation (CCR#2018003120) revisit was conducted . Blessing ALF LLC had deficiencies identified at the time of the survey.

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

Based on observation and interview, the facility failed to provide a safe living environment by ensuring that a dog was , and failed to ensure that each resident had a closet and a dresser.

Findings:

On at 2:28 pm, observed an unleashed dog resting comfortably in the front yard. Further observed in # , where Residents #1 and 4 lived, that the closet was locked and inaccessible to residents, and there was only one dresser.

On at 2:32 pm, the Owner stated Resident #4 "opens it all the time, takes the clothes. She takes them all and puts them on, takes them off. We have to keep the closet locked or she wouldn't have any clothes to wear." Further observation showed that only one dresser was in the room. The owner stated "I took it out."

On at 2:35 Resident #2 stated that the dog was his, but that he did not have the shot record because it was in his car, and the car was stolen. He showed a small metal disc, stating that the records were on it. He was assured that the facility's copy of the shot records could be used. The Owner stated that she had no copy.

Class III

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

Based on record review and interview, the facility failed to maintain an accurate health assessment for one of six sampled residents (Resident #7).

Findings:

A review of Resident #7's record showed that, regarding the type of assistence the resident needed with medication, the boxes for both 'needs assistance with self-administration' and 'needs medication administration' were checked.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R **03/15/2019**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

On [redacted] at 2:55 pm. the Owner stated that the resident needed medication administration, and that this service was provided by a home health agency. When further record review found no documentation of home health services for Resident #7, the Owner stated that the home health agency had not left the records, and she believed that the home health nurse had taken the documents with him.

Uncorrected
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R **03/15/2019**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain a signed attestation of compliance with background screening in the personnel record for one of five sampled staff (Staff D).

Findings:

A review of Staff D's (hired . . . . .) personnel record showed no documentation of an attestation of compliance with background screening.

On at around 3:16 pm, the Owner stated that the signed attestation compliance with background screening must be there somewhere, because she had updated all of the personnel records, however she was unable to find it.

Uncorrected
Class III