STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969256	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **MONICA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9576 SW 124 CT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A biennial survey was conducted at Monica's ALF on . . . . . Deficiencies were identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that staff received in-service training in . . . control, before providing personal care to residents for one out five (Staff D) sampled staff.

Findings included:

Record review of Staff D did not have documentation that she received one hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents.

Interview conducted on . . . . at 1:55 PM, Administrator confirmed that Staff D did not receive in-service training in control before providing personal care to residents

Class III

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

Based on interview and record review, the facility failed to verify all information was completed on the residents health assessment for one out of six (Resident #3) sampled residents.

Findings included:

A review of Resident #3's records showed their last health assessment was completed on ; however, the sections 'Physical or Sensory Limitations', 'Nursing/Treatment/ . . . . Service Requirements', and 'Special Precautions' were left blank.

On at 1:55 PM, the Administrator stated that she received the forms directly from the doctors' office, but will contact the office to have both forms updated.

Class III