

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/04/2021
NAME OF PROVIDER OR SUPPLIER ALLEGRO			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 SW 88TH ST MIAMI, FL 33156		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An initial licensure survey was conducted at Allegro ALF on 12/15/2020. A deficiencies were identified at the time of the survey.	A 000			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest of drawers, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the applicant for an Assisted Living Facility (ALF) license with a capacity for 65 residents failed to ensure that residents would have a safe living environment. The facility had no furniture in resident bedrooms. Findings Included: On at 9:30 AM during an initial licensure inspection, observation revealed that resident rooms did not have a bed, dresser, or nightstand. During an interview on at 10:30 AM, the Administrator stated there was no furniture in any of the rooms because the residents would supply their own furniture. At 12:30 PM the Administrator stated she did not know she had to provide furniture for the residents since they would be bringing their own. At approximately 2:30 pm during a telephone interview, when asked what arrangement the facility had in place to accommodate residents who did not have their own furniture, the Administrator stated that no arrangements were in place. She stated that the resident contract revealed that residents would be given the option of using their own furniture. She acknowledged that the needs of residents who did not have furniture were not addressed in the contract. On at approximately 12:30 pm during a telephone interview, the Administrator stated that	A 152		

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A 152	Continued From page 2 she had a process outlined to assist residents of a different part of the organization with getting the required furniture if needed, and that she would develop a similar process for ALF residents. Class III	A 152			