STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	04/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Santa Clara Alf	2830 Sw 106 Avenue Miami, FL 33165	

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

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial survey was conducted on . Santa Clara Assisted Living Facility had the following deficiencies at time of survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to have 1 out 3 sampled employees to have training in the areas for Activities of Daily Living (ADL's) in her file for review.

Findings includes:

Record review revealed that employee #2 (caretaker started on) did not have documentation of being trained in ADL.

Interview with administrator on at 1:00 pm, confirmed the findings in regards that employee #2 caretaker did not have documentation of receiving in ADL

Class III

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

Based on observation and interview facility failed to provide a clean and safe environment .
There were deficiencies found at the time of the visit.

Findings includes:
1. Observation of the outside patio area floor tiles at least seven of the tiles were broken and cracked (photos of the tiles were taken) There on the base of the back patio porch the base wall has collapsed from the foundation (photo taken). The tile floor has a large space between them making the floor uneven (photo taken). Two of the broken tiles were covered by a brown rubber matt to hide them (photo taken)There old hospital bed frame and mattress leaning on the back patio wall and sitting area for the residents. There was a cat with new born kittens in a corner of the patio by the washing machine. On the ground area behind the facility there are 2 open an deep holes which are covered with grass with piping sticking out of both. There is a large cement container with nothing in it uncovered (photo taken). back inside of the facility front wall next to the door observed a circular hole in the wall from the door knob (photo taken). In the kitchen area there is two holes in the wall behind the freezer (photo taken). On the lower wall next to the freezer observed peeling plaster and paint (photo taken), in the resident broken tiles on the lower shower step wall and peeling paint on the outer wall next to the shower. On the ceiling in the shower there is a corner of peeling paint (photo taken). In # under the window sill large area of peeling plaster and paint and a ripped window blade.

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2. Interviewed administrator on at 4:00 pm, he confirmed the findings in regards to the environmental deficiencies found during the tour of the outer rear patio area of the facility.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview facility failed to have a signed contract, notification of rate increase and the facility's refund policy for 1 out of 4 sampled residents.

Findings includes:

Record review revealed that resident #2's contract (dated), Notice of Monthly Rate Increase (dated on |-) and refund policy (dated on |-) was not signed by the resident or resident representative.

Interview with administrator on at 1:00 pm, confirmed the findings in regards to the residents contract, monthly rate increase, refund policy was not signed by the resident's surrogate..

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Santa Clara Alf
2830 Sw 106 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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