STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966751	**08/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vicky's Alf	**12438 S W 266 Lane Homestead, FL 33032**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
A Standard Biennial survey was conducted on . Vicky's ALF had deficiencies identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a health assessment with diet orders for 1 of 2 (#1) sampled residents.

Findings as followed:

Record review found that the facility failed to document the diet order (left blank) for resident #1's health assessment dated .

On at 11:00 a.m. the facility's administrator stated the facility failed to have a complete health assessment with a diet order for resident #1.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have documentation of compliance with the level 2 background screening for 1 of 3 (#2) sampled staff.

Findings as followed:

Record review documented the facility failed to have documentation of the level 2 background screening results for staff #2. Review of the AHCA background screening level 2 results documented staff #2 is eligible to work in an ALF (screening completion date).

On at 11:00 a.m. the facility's administrator stated the facility failed to have the level 2 background screening results available for review for staff #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vicky's Alf
12438 S W 266 Lane
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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