State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11965431

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/4/2015

Name of Facility
ALF FAMILY PALACE CORP

Street Address, City, State, Zip Code
7521 WEST 30TH LANE
HIALEAH, FL 33018

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
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ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 07/29/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	R
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Revisit Survey was conducted on 4, 2015. ALF Family Palace Corp. had a deficiency at time of survey.

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to follow admission licensure standards and determine the appropriateness for continued residency for one out of 9 sampled residents (Residents #1). This was evidenced by the facility ' s failure to properly assess and failure to provide the required contact precautions due to medical condition.

The findings included:

Observation on at 3:00 pm during tour revealed that there was a Resident #1 sleeping in . Resident #1 had something in her skin (feet). Staff A stated that Resident #1 had. Staff A stated, " Resident is always scratching her feet. "
Interview on at 4:00 pm revealed that the Administrator claimed that Resident #1had been sharing Resident # 6. Administrator also stated that Resident #1 had ; the Administrator stated, " I would like to discharge Resident #1, but I know I cannot do it. She is always scratching her body and touching everything around. " Administrator also stated, " Resident #1 do not sleep during night time, she sleep during daytime , and she wants to be wandering in the facility at night time and seating in the furniture; she is not following her doctor indications. "
Interview on at 4:00 pm revealed that the Administrator claimed, " Resident #1 was admitted in the facility on and she is diagnosed with all around her body for a long time ago, and it never healed; Resident #1 came like that from the hospital. "
Record review on revealed that Resident #1 ' s health assessment (Form 1823) dated on revealed the following information:
Resident #1 medical history and diagnose was High Tremor, Ribs , and . Resident #1 physical or sensory limitation was unsteady; or behavioral status was decreased memory. Also, Resident #1 ' s Form 1823 stated no communicable

Record review on revealed that Resident #1 ' s observation log from to revealed the following information:
Resident was admitted today front Larking Hospital in order to live in the facility.
Doctor visit Resident today and order physical evaluation.
Resident doesn ' t feel good, she is like flue and has she was transfer to the Hospital.

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ALF FAMILY PALACE CORP	**7521 WEST 30TH LANE HIALEAH, FL 33018**

SUMMARY STATEMENT OF DEFICIENCIES
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Resident back from Hospital with same medication and treatment.
Resident feeling bad and ask to be transfer to the Hospital by ambulance.
Resident back the same day no new medication.
Resident doesn ' t feel good and has a research in the skin, ambulance transfers her to the Palm Spring General Hospital.
She ' s back the same day with two new medication to apply in the armpit skin and Doxyceline Hyalate 100 milligram 1 cap every 12 hours.
Resident went for the appointment with the doctor and order (Amoxil 500 mg) every 8 hours.
Resident stay and participate in the group activities placed by the staff on Holydays.
Resident was transfer to the Palm Spring Hospital today to check pain on her legs
Resident back from Hospital today with no new medications
Resident feeling stable since came from Hospital she likes to talk with everybody.
Resident was transfer to the Hospital with the medication on her skin, she doesn ' t feel good.
Resident back from Hospital today with another treatment Doxyclielinee 100 mg inj a day
Resident feeling with the Aciletud treatment and has been stable and with good hygiene.
Note: (Sources at MedicineNet.com) :om/mupirocin/article.htm> is used to treat certain skin (e.g., impetigo <http://www.medicinenet.com/impetigo/article.htm>). It is an that works by stopping the growth of certain

Record review on revealed the follow instruction from Hialeah Hospital , which indicates that on Resident #1 was discharged and instructions were : Impetigo/ / a private physician ASAP and drugs prescription for / and Record review revealed documentation from Hialeah Hospital with definition of Impetigo and

Impetigo: It is an of the skin, most common in babies and children. It is caused by or streptococcal germs (bacterie). Impetigo can start after any damage to the skin. The damage to be skin me be from things like:Chickenpox, Scrapes, Scratches, Insect bite, Cuts and Nail biting or obeying. Impetigo is It can be spread from one person to another. Avoid close skin contact, or shaving towel or clothing.

is a germ that may cause especially on broken skin or wounds. If the germ is resistant to it is called . The caregiver may do a culture from your and will tell if it is present. It can be spread from one person to another by contact with an person.

Interview on at 10:15 am reveals that Resident #1 states, I have pain all over my body mostly my feet and knee. I have a cream to put in my , which I have on my arms, : and fee. I

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scratch them because I feel itching ... I better said, I do not scratch them I pick on them ... I know if I scratch them, they will spread more.

Further interview on at 11:55 am reveals that Resident #1 state I am not I have nothing that could be transmitted to no one here. However, the Administrator encourage her to follow the indications of not touch nobody or not been around of the other residents, and Resident #1 states, " I am not

Interview on at 11:25 am with Resident #1 stated, "I have not been to the dermatologist because he does not go to the hospital, but I promise you that I will go to see him."

Interview on at 11:04 am reveals that Resident #5 states, " I have been living here for 10 years. Yes, Resident #1 had these in her skin since she moves to this facility. She pull the skin of the all over the facility; however, she looks better now, she had the body full of that all over, but she has access to seat all places of the facility, and she is also Resident #1 moves already with her skin health condition to this facility. I have my precautions; I am very careful with her. I am not itching; I feel well.

Interview on at 11:11 am reveals that Resident #8 states, " I have been living here almost a year, and I am feeling great; I am a healthy person. Resident #1 is always touching her skin, I do not know why, but it has been like that since I know her. "

Interview on at 11:20 am reveals that Resident #3 states, " I think that I have been living here almost a year; I confirm that Resident #1 lives here with us; I observe Resident #1 scratching her skin since she start to live here; she has a lot of time living here. "

Interview on at 11:40 am reveals that Staff A states, " I am very concerned about this situation. Resident #1 has been back and for from the hospital, and the Hospital says that she has nothing. I do not know what to believe. I do not know if we are in danger to have that condition, too. Resident #1 came from the hospital with that problem in her skin. Resident #1 is always picking on her skin, and there is nothing we can do. "

Interview on around 12:40 pm the Administrator states, " I receive Resident #1 because I thought I was doing something good; she is a nice person, and I have a good Administrator states, " I think she is okay because everybody here would have been ; she is doing well. I did what I thought it was good for her. She is okay and she is not ; however, she is having her medications." " It is not my fault ... The Hospital did not tell me what she had when she came for the first time that she was admitted." " I know that Resident #1 has been back to the hospital several times, but

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the hospital states that she was doing well." " It was not my fault and I was doing a good act with Resident #1."

Class III

Z827 Unlicensed Activitv

Based on observation, record review and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to nine of nine residents (#s 1-9). The facility provided services to residents outside the current license capacity of six.

Findings included:

Observation on [redacted] at 9:34 am revealed that the facility had nine residents (#s 1-9) in the facility.

During the tour, observation on [redacted] revealed that there were nine beds and sofa bed in the facility at time of survey. [redacted] had three beds, and the facility did not have grandfather privileges.

Further observation on [redacted] at 10:00 am revealed that there was medications storage in the cabinet kitchen which belonged to Residents (1- 9 / Photograph attach).

Interview on [redacted] around 3:15 pm with Staff A and B revealed that all the Residents (1-9) live in the facility.

Interview on [redacted] around 3:25 pm with Residents # 2, 4, 5, 8 and 9 revealed that there were nine residents living in the facility at time of survey.

Interview on [redacted] at 4:00 pm with Administrator, she stated that Residents 1-9 lives in the facility; he also stated that Residents # 2 arrived to the facility recently, and he was doing a favor keeping him in the facility. Administrator also stated that he knew that he was not supposed to have three beds in one [redacted] but he will remove it. Administrator stated that he will discharged Residents #2 and 9 from the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Alf Family Palace Corp
7521 West 30th Lane
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring Survey conducted on . 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than . 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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