STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968447	11/24/2015
NAME OF PROVIDER OR SUPPLIER RESIDENCIA ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8324 NW 195TH TERR HIALEAH, FL 33015	

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

0000 Initial Comments

A complaint (CCR # 2015011658)survey was conducted on / and concluded on / . Residencia ALF Corp had deficiencies identified at time of the survey.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to notify the family member (s) that one of seven (Resident #1) sampled residents suffered a with injury to her face.

Findings:
A review of progress notes revealed that Resident #1 was found on the floor of her staff on . A review of progress notes revealed that Resident #1 suffered a black eye and a on her side.
On / at 10:56 am, Staff A stated that she or Staff B did not call the family member when Resident #1 because they had no telephone numbers for any of the families. She stated that the Administrator was responsible for calling family members and staff was not allowed to do so.

Class II

0053 Medication - Administration

Based on observation and interview, the facility failed to provide assistance with medication administration within the guidelines identified by statute and the Department of Elder Affairs for one of six residents (Resident #2). The facility failed to ensure that only licensed personnel administered medications to residents.
Findings:
On / / at 1:12 pm, the Administrator was observed placing medications into Resident #1 ' s mouth during an unscheduled medication pass.
On / / at 1:13 pm, the administrator acknowledged that she had placed the medication into the resident's mouth, stating " Yes but I put it in a paper towel and then in her mouth. It is an , it ' s very important that she takes it. What's going to happen if she doesn't take it? She usually takes it herself but today I had to put it in her mouth." The Administrator further stated, "no, I am not a nurse."
Class III

0079 Staffing Standards - Levels

Based on interviews and record review, the facility failed to have a qualified designee physically present

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in the facility providing oversight in the absence of the Administrator. The facility also failed to ensure that qualified staff was able to meet the scheduled and unscheduled needs of one of six sampled residents (Resident #1) who sustained injuries during a .

Findings:
A review of progress notes revealed that Resident #1 was found on the floor of her staff on . A review of progress notes revealed that Resident #1 suffered a black eye and a on her side.
On / at 9:57 am during an interview, when asked why the staff did not call 911 when the resident , the Administrator stated " Because I was not here the staff got nervous and and called me instead of 911."
On / / at 12:45 pm, the Administrator said that she was on vacation in Curacao for 5-7 days when Resident #1 on . She further stated that the staff called her there, and she contacted the Doctor's office and made arrangements for the resident to receive X-rays based on what the staff reported to her about the resident's condition. She stated that she later found a doctor in Curacao to interpret the x-ray results.
A review of the staff job description reveals that if residents are ill, they are to call the administrator. Changes in residents' conditions are to be reported to the administrator so that further instruction can be given if applicable. A reviewed of the designation notice posted on the facility's bulletin board identified the Alternate Administrator as responsible for the facility in the Administrator's absence.
On / at 10:39 am during an interview, Staff A. stated that the Alternate Administrator was in charge when the Administrator was out of the country on vacation. She stated that she doesn't know why she didn't call the Alternate Administrator when the resident .
On / at 10:56 am during an interview, Staff B stated that she and Staff A didn't see any when Resident #1 , so she called the Alternate Administrator about 5 minutes after they helped the resident get up from the floor and walked her around.
On / at 11:17 am during an interview, the Nurse at the Health Care Provider's office stated that they received a phone call at 8:00 am on telling them that Resident #1 , and that the resident had suffered difficulty walking afterward. The doctor ordered x-rays, but didn't visit Resident #1 on the day of the since no injury was reported, but saw her on at the facility. She further stated that the doctor was not informed of the on Resident #1's eye and side when the office was contacted on / . When they saw Resident #1 on the 8th, the were gone.
On / at 11:19 am during an interview, the Nurse at the Health Care Provider ' s office stated that the doctor's protocol is that if there is any on a resident's face after a , 911 must be called. If the had been reported, the doctor would have considered head and told the staff to call 911. She further stated that all Assisted Living Facilities they visit know that they are supposed to call 911 and/or send the resident to the hospital if they have thy facial .
On / at 11:42 am during an interview, the Alternate Administrator stated that the staff called on

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to tell her that Resident #1 had , and she called the Administrator in Curacao. The Administrator told the Alternate Administrator that " she would take care of it." When asked if she was the Alternate Administrator, she stated that she is there just in case they need her but that she only takes responsibility when the administrator tells her to.
On / at 11:47 am during an interview, the Administrator said that she has no personnel file for the Alternate Administrator, and that the Alternate Administrator was only doing her a favor. She further stated that her husband is the Facility ' s Manager; however he was on vacation with her when Resident #1 .
On / at 11:57 am during an interview, Staff stated that when she opened the door to Resident #1's around 6 am, the resident was on the floor. She stated that Resident #1 had no and was walking fine. She gave the resident a bath, and said that the weren't there when she bathed her, but that they showed up later on. The on the right eye showed up 2 or 3 hours later and the on her side showed up around lunch time. She stated that she didn't know if anyone informed the doctor about the .
A review of a collateral state agency's investigation of Resident #1's on revealed that inadequate supervision of residents was substantiated.
Class III

0161 Records - Staff

Based on interviews and record review, the facility failed to ensure that three of three sampled employees (Staff A , B and C) had applications or references in their personnel files.

Findings:
A review of the staff schedule revealed that Staff A and B were on duty on when Resident #1 was injured after a at the facility.
Record review revealed that there was no personnel file for Staff A.
On / at 10:13 am, the Administrator stated she had no personnel file for Staff A.
Staff B was observed working in the facility and assisting residents on / at 7:30 am.
On / at 12:07 pm, the Administrator says that she checked references on Staff B, and that they were written on the application in the personnel file.
Record review revealed that no application for Staff B was in the employee record. There was also no documentation that Staff B ' s references were checked.
On / at 12:14 pm, Staff C stated that she had been working at the facility for one and a half or two months. She said that she worked cleaning houses with her sister for 3 or 4 months before that.
On / at 12:10 pm, the Administrator says that she checked references on Staff #C, and that they were written on the application in the personnel file.
A review of the personnel record for Staff C revealed no documentation of a reference check.

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Class III

Z815 Background Screening: Prohibited Offenses

Based on interviews and record review, the facility failed to ensure that two of three sampled employees (Staff A and C) had an updated Level 2 Background Screening on file after a break in service of over 90 days.

Findings:
A review of the staff schedule revealed that Staff A was on duty on when Resident #1 was injured after a at the facility.
Record review revealed that there was no Level 2 Background screening on file at the facility for Staff A.
On / at 10:13 am, the Administrator stated " I can get the background screening from the internet for you. They are expensive and the employee has it with her. " The Administrator further stated that she did not retain a copy of the background screening.
On / at 12:14 pm, Staff C stated that she had been working at the facility for one and a half or two months. She said that she worked cleaning houses with her sister for 3 or 4 months before that.
A review of the personnel record for Staff C revealed a Level 2 Background Screening dated 2012.
On / / at 1:00 pm, the Administrator acknowledged that there was no updated Level 2 Background screening on site for Staff C.
Unclassified deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residencia Alf Corp
8324 Nw 195th Terr
Hialeah, FL 33015
RE: CCR #2015011658

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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