

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 05/04/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint Investigation Survey CCR#2017002675 was conducted on . Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had the following deficiencies found at the time of the survey: 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on record review and interview the assisted living facility failed to ensure that it maintained the minimum staffing hour requirement of 212 hours weekly. Findings include: Record review found that the staffing schedule posted had a total of 120 weekly hours for a census of 6 residents. Record review found that the facility did not have any documentation that it was maintaining the required 212 weekly hours for a census of 6 residents. On at 11:00 AM the Administrator stated that it was just a standard schedule that she has for the facility, but all three employees, including herself work more than 40/hours a week. She further stated that she was going to make a new staff schedule that will reflect the actual hours of work and it will be even more than 212/hours a week. Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the provider failed to provide documentation of a surety bond with minimum bond proceeds that equal twice the value of the residents' monthly income for two out of six (#4 and #5) sampled residents. Findings included: Record review on revealed facility did not have documentation of a surety bond with a minimum bond that equalled twice the value of the residents' monthly aggregate income. During an interview on at 12:00 PM the Administrator acknowledged acting as payee for these residents, and not having a surety bound. The Administrator stated "I do not know what to do with that but I will call the consultant and have it ready for the Re-Visit."		

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Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview the facility failed to ensure that staff was registered and/or removed on the facility's roster in the background screening clearinghouse database. (Staff D) Finding included: A review of the background screening clearinghouse database showed that Staff D , hired on , was listed on the facility's roster, although she had stopped working in the facility on . On at 12:00 PM the Administrator stated that she knew about this but she had forgotten remove this caregiver from the clearinghouse roster. Unclassified		

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