STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965988	**03/14/2019**
NAME OF PROVIDER OR SUPPLIER **FREIRE & SOTOMAYOR ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2303 SW 62 COURT** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , . Freire & Sotomayor ALF, Inc. with limited mental health component had the following deficiencies identified at time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview, the facility failed to provide a written statement from a health care provider documenting that one out of four (B) sampled staff did not have any signs or symptoms of communicable and an evidence of a negative examination documented on an annual basis (A, B, C, & D).

Findings included:

On at 12:00 PM Staff B was the only staff observed in the facility preparing and serving lunch meal to resident breakfast, and assisted the residents with self-administration of medications.

Review of the personnel files for Staff A, C, and D showed the negative statement was dated and expired on . Staff C's did not have a written statement from a health care provider documenting that he did not have any signs or symptoms of communicable and an evidence of a negative examination documented on an annual basis in file.

On at 3:00 PM, the Administrator acknowledged all of the staff members did not have proof of updated statement."

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to provide documentation that the Administrator had received the 12 hours of continuing education update training.

Findings included:

Personnel record review showed no documentation of the 12 hour continuing education training for the Administrator. The last continued education training the Administrator received was on . There was no documentation that the Administrator had retaken the Assisted Living Facility core training for

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administrators.

On at 3:05 PM the Administrator acknowledge she did no have the required 12 hours training during the survey.

Class III

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

Based on record review and interview the facility failed to ensure one out of four (B) sampled staff who participated in the direct care of residents are trained in the required subjects:

Findings included :

Review of the personnel files revealed Staff B did not have proof he received training in
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and .
6. Resident behavior and needs.
7. Providing assistance with the activities of daily living.
8. elopement policies and procedures.

On at 3:00 PM the Administrator acknowledge Staff B did not have the training's required.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure that staff members that assist residents with self-administration of medications receive the initial and updated training and that the certificate reflected the hours of training received for four out four sampled staff (A. B, C, and D).

Findings included:

Review revealed that Staff A's medication training certificates on file dated for -15, -18,

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and -19 had no hours.

Review of Staff B's file showed he had completed the 4 hours medication training on and had not completed the required annual updates.

Review of Staff C's file showed she completed 2 hours medication trainings dated for and . There were medication certificates with no hours dated -16.

Review of Staff D's file showed a medication training for 2 hours dated . There were medication certificates with no hours dated for -14 and -18.

Review of Staff A, B, C, and D's files showed no documentation showing they had received the initial 4 hour medication tracings and the required 2 hours updated training as of .

On at 3:05 PM the Administrator stetted, "We have did it , but just cannot find it right now."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on observation, record review, and interview, the facility failed to provide documentation of Nutrition and Food Service training for one of four (B) sampled staff.

Findings included:

On at 12:00 PM Staff B was the only staff observed in the facility preparing and serving lunch meals to residents.

Personnel record review revealed that Staff B's Nutrition and Food Service in-service training certificate was copied and completed by the Administrator. Staff had did not have a nutrition training completed by certified food manager or licensed dietician.

On at 3:00 PM the Administrator acknowledged that Staff B did not have the nutrition and food service training.

Class III

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to be in compliance with the detailed emergency environmental control plan requirements.

Findings included:

On at around 9:30 am, observed that the facility had on five gallon container of fuel onsite, and did not have a monoxide detector. Facility record review found no written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility had no documentation that the residents were notified of the implementation of the plan.

On a 3:00 PM the Administrator stated she did not have fuel for the generator, a monoxide detector, or polices for the emergency plan, and that she had not informed the residents of emergency power plan.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview the facility failed to provide documentation of an updated annual Community Living Support Plan and , agreement for one of six sampled residents (#1).

Findings included:

Record review revealed that Resident #1's (admitted on), Community Living Support Plan and , agreement dated on .

On at 3:00 pm the Administrator acknowledged that Resident #1's documents needed to be updated.

Class III