Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967808	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARGO VI INC	2820 SW 34 AVE MIAMI, FL 33133

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Biennial standard survey was conducted on at Villa Margo VI Inc. Assisted Living Facility. The facility was not in compliance with 58A-5, FAC and FS Chapter 429, Part I, for Assisted Living Facilities. The following are the deficiencies found during the survey.	A 000		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility (ALF) failed to maintain an accurate and an up-to-date medication observation record (MOR) for 2 out of 2 sampled residents (SR#1 and SR#2). Findings include: 1. A review of SR#1 ' s medication administration record for the charting period of to revealed the following medications and frequency: Haloperidol .5 MG 8AM and 8PM, 20 MG 8AM, 2 MG 8PM, .5MG 8PM, 25MG 8AM, .5G 8AM and 8 PM, 10 MG 8PM. Further review of SR#1 medication administration record revealed that it has not been signed by the ALF ' s staff. A review of SR#1 ' s medication bingo cards revealed empty slots for Haloperidol .5 MG 8PM, 2 MG 8PM, .5MG 8PM, .5G 8 PM, 10 MG 8PM for the dates of to and Haloperidol .5 MG 8AM, 20 MG 8AM, 25MG 8AM, .5G 8AM for the dates of On at 9:42 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between SR#1 ' s medication administration record and SR#1 ' s medication bingo cards, the manager told the surveyors that SR#1 was admitted to the facility on late in the day. The manager reviewed SR#1 ' s medication	A 054		

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A 054	Continued From page 2 administration record and acknowledged that it is blank. The manager verified that staff #2 had not signed the record and stated that she will talk to the staff #2 regarding this issue. 2. A review of SR#2 ' s medication administration record for the charting period of to revealed that SR#2 is to receive .1 MG Tablet at 8AM, 12 noon, and 8PM. Further review of the frequency of the medication revealed that the staff #2 had signed for the dates of to for the 8AM slot; to for both the 12 noon and 8PM slots. A review of SR#2 ' s medication for the 8AM, 12 noon, and 8PM bingo cards revealed that the 8AM and the 12 noon slots were empty for the date of . On at 9:54 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between SR#2 ' s medication administration record and SR#2 ' s bingo card for the medication, the manager reviewed both SR#2 ' s medication administration record and the 8AM and 12 noon bingo cards and acknowledged the findings and told the surveyors that she will speak to staff #2. On at approximately 10 am, the manager told the surveyors that staff #2 dropped the 8AM medication and lost it then she used the 12 noon medication as a replacement. The manager continued to state that staff #2 had forgotten to write that information in SR#2 ' s MOR. Class III	A 054		

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A 078	Continued From page 3	A 078		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including . Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ....., he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the	A 078		

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A 078	Continued From page 4 facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview the assistant living facility (ALF) failed to provide documentation showing that 1 out of 2 employees (#2) complied with all the required staffing standards. Findings include: On at 9:05 am, the surveyors conducted an interview with the ALF ' s manager. When asked to provide the personnel record for staff #2 and the records for SR#1 and SR#2, the manager told the surveyors that she did not have staff #2 ' s personnel record nor did she have the records for SR#1 and SR#2. However, the surveyors were provided with the facility ' s medication order record (MOR) for SR#1 and SR#2. A review of SR#1 ' s medication administration record for the charting period of to revealed the following medications and frequency: Haloperidol .5 MG 8AM and 8PM, 20 MG 8AM, 2 MG 8PM, .5MG 8PM, 25MG 8AM, .5G 8AM and 8 PM, 10 MG 8PM. Further	A 078		

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A 078	Continued From page 5 review of SR#1 ' s medication administration record revealed that it has not been signed by the ALF ' s staff. A review of SR#1 ' s medication bingo cards revealed empty slots for Halopertidol .5 MG 8PM, 2 MG 8PM, .5MG 8PM, .5G 8 PM, 10 MG 8PM for the dates of to and Halopertidol .5 MG 8AM, 20 MG 8AM, 25MG 8AM, .5G 8AM for the dates of On at 9:42 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between SR#1 ' s medication administration record and SR#1 ' s medication bingo cards, the manager told the surveyors that SR#1 was admitted to the facility on late in the day. The manager reviewed SR#1 ' s medication administration record and acknowledged that it is blank. The manager verified that staff #2 had not signed the record and stated that she will talk to the staff #2 regarding this issue. A review of SR#2 ' s medication administration record for the charting period of to revealed that SR#2 is to receive .1 MG Tablet at 8AM, 12 noon, and 8PM. Further review of the frequency of the medication revealed that the staff #2 had signed for the dates of to for the 8AM slot; to for both the 12 noon and 8PM slots. A review of SR#2 ' s medication for the 8AM, 12 noon, and 8PM bingo cards revealed that the 8AM and the 12 noon slots were empty for the date of . On at 9:54 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between	A 078		

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A 078	Continued From page 6 SR#2 ' s medication administration record and SR#2 ' s bingo card for the medication, the manager reviewed both SR#2 ' s medication administration record and the 8AM and 12 noon bingo cards and acknowledged the findings and told the surveyors that she will speak to staff #2. On at approximately 10 am, the manager told the surveyors that staff #2 dropped the 8AM medication and lost it then she used the 12 noon medication as a replacement. The manager continued to state that staff #2 had forgotten to write that information in SR#2 ' s MOR. Class III	A 078		
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of	A 084		

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A 084	Continued From page 7 side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , , and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing	A 084		

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A 084	Continued From page 8 assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility (ALF) failed to provide documentation showing that 1 out of 2 employees (#2) met the training requirements for assistance with self-administered medication and medication management. Findings include: On at 9:05 am, the surveyors conducted an interview with the ALF ' s manager. When asked to provide the personnel record for staff #2 and the records for SR#1 and SR#2, the manager told the surveyors that she did not have staff #2 ' s personnel record nor did she have the records for SR#1 and SR#2. However, the surveyors were provided with the facility ' s medication order record (MOR) for SR#1 and SR#2. A review of SR#1 ' s medication administration record for the charting period of to revealed the following medications and frequency: Halopertidol .5 MG 8AM and 8PM, 20 MG 8AM, 2 MG 8PM, .5MG 8PM, 25MG 8AM, .5G 8AM and 8 PM, 10 MG 8PM. Further review of SR#1 ' s medication administration record revealed that it has not been signed by the	A 084		

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A 084	Continued From page 9 ALF ' s staff. A review of SR#1 ' s medication bingo cards revealed empty slots for Halopertidol .5 MG 8PM, [illegible] 2 MG 8PM, [illegible] .5MG 8PM, [illegible] .5G 8 PM, [illegible] 10 MG 8PM for the dates of [illegible] to [illegible] and Halopertidol .5 MG 8AM, [illegible] 20 MG 8AM, [illegible] 25MG 8AM, [illegible] .5G 8AM for the dates of [illegible]. On [illegible] at 9:42 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between SR#1 ' s medication administration record and SR#1 ' s medication bingo cards, the manager told the surveyors that SR#1 was admitted to the facility on [illegible] late in the day. The manager reviewed SR#1 ' s medication administration record and acknowledged that it is blank. The manager verified that staff #2 had not signed the record and stated that she will talk to the staff #2 regarding this issue. A review of SR#2 ' s medication administration record for the charting period of [illegible] to [illegible] revealed that SR#2 is to receive [illegible] .1 MG Tablet at 8AM, 12 noon, and 8PM. Further review of the frequency of the [illegible] medication revealed that the staff #2 had signed for the dates of [illegible] to [illegible] for the 8AM slot; [illegible] to [illegible] for both the 12 noon and 8PM slots. A review of SR#2 ' s [illegible] medication for the 8AM, 12 noon, and 8PM bingo cards revealed that the 8AM and the 12 noon slots were empty for the date of [illegible]. On [illegible] at 9:54 am, the surveyors conducted an interview with the ALF ' s manager. When questioned about the discrepancy between SR#2 ' s medication administration record and SR#2 ' s bingo card for the	A 084		

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A 084	Continued From page 10 medication, the manager reviewed both SR#2 ' s medication administration record and the 8AM and 12 noon bingo cards and acknowledged the findings and told the surveyors that she will speak to staff #2. On at approximately 10 am, the manager told the surveyors that staff #2 dropped the 8AM medication and lost it then she used the 12 noon medication as a replacement. The manager continued to state that staff #2 had forgotten to write that information in SR#2 ' s MOR. Class III	A 084		
A 164 SS=D	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public. 1. Requestors shall be required to provide identification prior to review of records. 2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home	A 164		

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A 164	Continued From page 11 inspection report. (d) The facility shall ensure the availability of records for inspection. This Statute or Rule is not met as evidenced by: Based on record review and interview the assistant living facility (ALF) failed to provide all records required for inspection including documentation of 2 out of 2 sampled residents (SR#1, SR#2) written informed consent to receive assistance with self-administered medication and medication management from an unlicensed staff. Findings include: Observation was made on [redacted] at 08:00am during the tour revealed that there were no resident files or employee files in the facility at the time of the entrance. The administrator arrived at the facility about a half hour later and brought the files of only her and her husbands personnel records to the facility and none of the actual residents files were in the facility. The employee(Staff #1) who was working that day did not have any documentation on site and the administrator did not have it for the surveyor to review. On [redacted] at 9:05 am, the surveyors conducted an interview with the ALF ' s manager. When asked to provide the personnel record for staff #2 and the records for SR#1 and SR#2, the manager told the surveyors that she did not have staff #2 ' s personnel record nor did she have the records for SR#1 and SR#2.	A 164		

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A 164	Continued From page 12 Class III	A 164		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily,	A 167		

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A 167	Continued From page 13 weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed	A 167		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967808	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARGO VI INC	2820 SW 34 AVE MIAMI, FL 33133

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A 167	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide evidence of a contract prior to or at the time of admission which contained the required provisions for each resident (SR #1 and SR#2). Findings include: Observation was made on at 08:00am during the tour revealed that there were no resident files or employee files in the facility at the time of the entrance. The administrator arrived at the facility about a half hour later and brought the files of only her and her husbands personnel records to the facility and none of the actual residents files were in the facility. The employee(Staff #1) who was working that day did not have any documentation on site and the administrator did not have it for the surveyor to review. On at 9:05 am, the surveyors conducted an interview with the ALF ' s manager. When asked to provide the personnel record for staff #2 and the records for SR#1 and SR#2, the manager told the surveyors that she did not have staff #2 ' s personnel record nor did she have the records for SR#1 and SR#2. Class III	A 167		
A 180 SS=D	58A-5.026(1) FAC Emergency Mgmt Emergency Management.	A 180		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 180	Continued From page 15 (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility shall prepare a written comprehensive emergency management plan in accordance with the " Emergency Management Criteria for Assisted Living Facilities, " dated 1995, which is incorporated by reference. This document is available from the local emergency management agency. The emergency management plan must, at a minimum address the following: (a) Provision for all hazards. (b) Provision for the care of residents remaining in the facility during an emergency including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment. (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications. (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies. (e) Identification of residents with and related , and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation. (f) Identification of and coordination with the local emergency management agency. (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents; transportation; and reporting to the county office of emergency management the number of residents who have	A 180		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 180	Continued From page 16 been relocated and the place of relocation. (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide evidence of a prepared written comprehensive emergency management plan in accordance with the " Emergency Management Criteria for Assisted Living Facilities. Findings include: Observation was made on at 08:00am during the tour revealed that there were no resident files or employee files in the facility at the time of the entrance. The administrator arrived at the facility about a half hour later and brought the files of only her and her husbands facility records to the facility and none of the actual residents files were in the facility. The employee(Staff #1) who was working that day did not have any documentation on site and the administrator did not have it for the surveyor to review. The surveyors did not review the Emergency Management plan for the reason that she did not have the records at the facility. On at 9:05 am, the surveyors conducted an interview with the ALF ' s manager. When asked to provide the personnel record for staff #2 and the records for SR#1 and SR#2, the manager told the surveyors that she did not have staff #2 ' s personnel record nor did she have the records for SR#1 and SR#2. Interview with administrator on at 10:00am, she stated that she and her husband	A 180		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 180	Continued From page 17 have run three of their ALF's and he has three and she has three and a relative is the administrator of the last one . Discussed the findings with the administrator on . . . . . at 11:45 am. Class III	A 180		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Villa Margo VI Inc
2820 SW 34th Ave
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 , 2012 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 Arlene Mayo-Davis at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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