STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	**06/12/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Mary Adult Care Ii	**11271 Sw 229 Terrace Miami, FL 33170**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated biennial survey was conducted on . St Mary Adult Care II had the following deficiencies were identified.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a manager.
Findings as follow:

Record review documented the facility administrator (staff #1) administer 2 facilities.
On at about 11:30 a.m. the facility administrator stated administered 2 facilities, also stated the facility had no a manager.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to ensure at least 1 employee present at all times is trained in and First Aid.

Findings as follow:

On , 2013 at approximately 8:15 a.m. staff #1 (administrator) and staff #2 (caretaker) were observed in facility along with 1 resident. There were no other staff present at that time.
Record review revealed the and First Aid for staff #1 (facility administrator) was expired on .
Further review the facility failed to ensure staff #2 was trained in First Aid/ .
On , 2013 at approximately 11:30 a.m. the facility administrator confirmed the facility failed to have at least 1 staff present at all times trained and First Aid.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
St Mary Adult Care II
11271 Sw 229 Terrace
Miami, FL 33170

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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.

Staff from this office will conduct a review after 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121