STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968065	**06/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amor Blessed Sweet Home, Inc	**220 Nw 179 Street Miami Gardens, FL 33169**	
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= G

Specific Tag Findings:

0000-Initial Comments

A Second Follow-up Survey was conducted on , 2013 at Amor Blessed Sweet Home, Inc. The previous deficiency was found uncorrected at time of survey.

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

Based on record review, interview the administrator STILL failed to pass the needed CORE Training and also failed to ensure the administrator completed the CORE training requirement.

Findings includes:

Record review revealed that the acting administrator of the facility did not have any documentation to prove he had passed the CORE examination at any time. At this time the facility has been running without an administrator.

Interviewed administrator on , 2013 in regards to him having the CORE examination and a passing score. He stated that he failed the last test, but took the 26 hours for assisted living educational program on . The facility doesn't have an administrator at this time who has a passing score for the CORE.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amor Blessed Sweet Home, Inc
220 Nw 179 Street
Miami Gardens, FL 33169

Re: CCR #2013000258 2nd f/u

Dear Administrator:

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

Due to the serious nature of the findings, we are initiating action to revoke the facility license. You will be notified under separate cover if the Agency takes action to proceed with the revocation. Regardless of the enforcement actions, ongoing resident safety must be maintained by your facility at all times, as well as compliance with the licensure requirements.

Thank you for the assistance provided to the surveyor(s). If you have questions, please contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy

Enclosure

ZU0L

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