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)		

Revisit Corrected Tags:
N277-Lns - Resident Care Standards-06/12/2013

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A follow up to a Limited Nursing Service Survey monitoring was conducted on . St Mary Adult Care II had one uncorrected deficiency found at the time of the survey.

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

Based on record review and interview Assisted Living Facility failed to have a statement from a health care provider regarding communicable .

Findings include:

1-Record review revealed that Registered Nurse on contract had a status reading Negative on . There is not Communicable Status on file.

2-Interview with administrator at , 2013 11:15 am revealed that Registered Nurse on contract never gave the administrator a Communicable Status document.

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 revisit survey to a Limited Nursing Services (LNS) Monitoring conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 10 days from this letter.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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