STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	07/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Majestic Senior Care Alf	15347 Sw 179 Terrace Miami, FL 33187	
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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced standard biennial survey was conducted on . Majestic Senior Care had 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) administered 2 facilities.

Record review documented the facility did not have proof of being appointed a facility manager.

On at about 1:30 p.m. the facility administrator (staff #1) stated (By phone) the facility had not appointed a manager but is working on finding one.

Class III.

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to conduct at least 2 elopement drills a year.

Findings as follow:

Record review documented the facility last elopement drill was performed on .

Interview on at about 1:30 p.m. the facility administrator stated the facility last elopement drill was performed on . Also stated the facility failed to perform at least 2 elopement drills a year.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Majestic Senior Care Alf
15347 Sw 179 Terrace
Miami, FL 33187

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

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