STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967920	07/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Machin Ii Alf, Inc	15863 Sw 150 Terrace Miami, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership Survey conducted on , 2013. Machin II ALF had deficiencies found at the time of the visit.

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 4 staff (staff B and staff D) training hours did not supercede eight hour working day.

Findings include:

A review of staff B (hire date) and staff D (hire date) revealed both employees received training in Assistance with Self-Administered Medication (4 hrs), Prevention of Medical Errors(2 hrs), Control Training(2 hrs) & / (4 hrs) on , which is a total 12 hours of training.

On at 12:57 PM, the administrator acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Machin Ii Alf, Inc
15863 Sw 150 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on 17, 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