STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967330	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mercy & Michael Alf, Inc	3000-3002 Sw 23 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint inspection (CCR#2013009576) was conducted on . . I- . and . . The Mercy & Michael assisted living facility was not in compliance during this visit

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility did not have a face-to-face medical examination completed by a licensed health care provider for 1 out of 2 residents (resident #1).

The findings are:

Review of resident #1's record indicated that he was admitted to the facility on . Further review of the resident ' s record did not indicate that he received a health assessment during his stay in the facility from to . In an interview with the assistant administrator on I- at 11:50am, she stated that she does not have a health assessment for the resident.

In an interview with resident #1's physician on at 1:10pm, she stated that she has known the resident for many years and that she examined the resident on and cannot remember if an AHCA health assessment form 1823 was completed, but found him to be more depressed with short term memory and with functional decline, and was appropriate for placement in an assisted living facility so he may receive assistance with bathing and medications.

In an interview with the administrator on at 1:10pm, she stated that she did not receive resident #1's AHCA health assessment form from the physician.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility did not provide a personnel record for a staff member (employee A).

The findings are:

Review of the facility employee records indicated that the facility failed to maintain an employee personnel record for staff member A.

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In an interview with the administrator on - at 11:00am, she stated that employee A currently works in the facility part-time, comes every day in the morning for about 2-3 hours to assist the male residents with bathing. She stated at this time that she does not have a record for employee A.

In an interview with the home health agency nurse on - at 11:05am, he stated that he comes to the facility almost daily to provide management for 2 residents and he knew employee A, who works in the facility as a resident caregiver and comes every day in the mornings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Mercy & Michael Alf, Inc
3000-3002 Sw 23 Terrace
Miami, FL 33145

Re: CCR #2013009576

Dear Administrator:

This letter reports the findings of a state complaint 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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