STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & Y Caring And Loving Alf, Inc	22712 S W 103 Court Miami, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-09/05/2013
0093-Food Service - Dietary Standards-09/05/2013

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

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up to a Change of Ownership survey was made at M & Y Caring and Loving ALF on 09/05/2013.The following deficiency was found at time of survey

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

Based on record review and interview the facility still failed to have freedom of statement for 1 out of 4 sampled staff (#1).

Findings include:

Record review for staff #1 (administrator hired) revealed that his last statement of on file dated - and expired on .

Administrator acknowledged the findings (by phone) on at about 1:50 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

This letter reports the findings of a revisit survey to a Change of Ownership (CHOW) conducted on 5, 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 ....., 2013.**

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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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