STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	10/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vicky's Home Alf	6402 Sw 41 Street Miami, FL 33155	
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 - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on ', 2013. Vicky's Home had the following deficiencies at time of survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to apoint in writing the facility manager.

Findings as follow:

Record review documented the facility administrator (staff #1) administers 3 facilities.

Record review documented the facility failed to appoint in writing the facility manager.

On at about 1:15 p.m. facility caretaker (staff #4) stated the facility failed to appoint in writing a facility manager.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to clear dentify 1 of 1 facility LMH resident (#2)

Findings as follow:

Record review documented resident #2's Diagnoses was . (AHCA form 1823).

Record review documented the facility failed to clearly identify resident #2 as a LMH resident, in the admission and Discharge log.

On at about 1:20 p.m. caretaker (staff #4) stated the facility failed to identify resident #2 as LMH in the admission and Discharge log.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Vicky's Home Alf
6402 Sw 41 Street
Miami, FL 33155

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

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