

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/28/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966124	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER Maria Adult Care #2	STREET ADDRESS, CITY, STATE, ZIP CODE 400 Sw 76 Court Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial survey was conducted on . Maria Adult Care #2 Assisted Living Facility had deficiencies found at the time of the visit.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 1 out of 4 (Staff #C) received the required Limited Mental Health (LMH) training.

The findings include:

Record review for Staff #C (facility caregiver, hired on) found no documentation of having received the limited mental health training.

On : at about 3:00 p.m. the facility administrator stated that Staff #C had not taken the limited mental health training as required.

Class: III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

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

