STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965358	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Molina's Adult Care	9830 Sw 12 Terrace Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2013. Molina's Adult Care had the following deficiencies at time of survey.

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

Based on record review and interview the facility failed to ensure 2 out of 3 sampled employees are free from communicable including .

Finding as follows:

Record review revealed staff #2 (hired on) last freedom from communicable disese statement including was dated . Further review document revealed staff #3 (hired on) also did not have documentation of freedom from communicable statement including .

On at about 10:30 a.m. the facility administrator confirmed the freedom from communicable statement including was not up-to-date for staff #2 and was missing for staff #3.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview the facility failed to have an updated staffing schedule which reflects the staffing working hours.

Findings as follow:

On at about 7:40 a.m. staff #2 (caretaker) was observed in facility.
On at about 7:40 a.m. it was observed the staffing pattern posted was for the week from till .
Record review revealed the facility's staffing pattern reflected 2 employees (staff #1 and staff #2) working at the facility.

On the facility administrator confirmed the facility failed to update the staffing schedule for the current week and also failed to include all staff members in the schedule.

Class III.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Molina's Adult Care
9830 Sw 12 Terrace
Miami, FL 33174

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,

Kristal Branton for

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