

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964718	(X3) DATE SURVEY COMPLETED 10/31/2013
NAME OF PROVIDER OR SUPPLIER Mariluca 1	STREET ADDRESS, CITY, STATE, ZIP CODE 8411 Sw 21 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/31/2013
0074-Staffing Standards - Personnel File (bgs)-10/31/2013
0078-Staffing Standards - Staff-10/31/2013
0081-Training - Staff In-Service-10/31/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/31/2013
0085-Training - Nutrition & Food Service-10/31/2013
0162-Records - Resident-10/31/2013
0167-Resident Contracts-10/31/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up to an Standard Biennial Survey was done at Mariluca I on October 31, 2013. All previous deficiencies were corrected. No new deficiencies found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 26, 2013

Administrator
Mariluca 1
8411 Sw 21 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 31, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

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