STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967701	11/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Well Care Living, Llc	8610 S W 97 Rd Miami, FL 33173	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2013.Well Care Living LLC had deficiencies at time of survey.

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview facility failed to record weight information on a semi-annual basis for 1 out of 6 sampled residents (#2)

Findings include:

On , 2013 at 10:15 a.m. record review for resident #2 revealed the last recorded weight information for resident #2 was dated , 2012.

On , 2013 at 10:25 a.m. administrator acknowledged the findings.

Class III

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

Based on record review and interview the facility failed to ensure that 2 out of 3 (b. & c.) employees' have received the minimum 6 hours limited mental health training or the 3 hours of Continuing Training in Limited Mental Health.

Findings include:

On , 2013 at 1:45 p.m. reviewed employee b. (hire date /) caretaker. Further review revealed initial documentation for Limited Mental Health Training dated 7/ and no documentation of continuing education.

A review of employee c. (hire date) caretaker, revealed no documentation of the initial Limited Mental Health Training.

On , 2013 at 2:25 p.m. the administrator acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Well Care Living, Llc
8610 S W 97 Rd
Miami, FL 33173

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

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