STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	12/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & R Personal Care Inc	1289 Hillsborough Ave Arcadia, FL 34266	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-12/13/2013
0057-Medication - Over The Counter (otc) Products-12/13/2013
0078-Staffing Standards - Staff-12/13/2013
0161-Records - Staff-12/13/2013
L242-Lmh - Responsibilities Of Facility-12/13/2013

A follow-up to the Biennial and Limited Mental Health (LMH) survey was conducted on 12/13/13 at M & R Personal Care an Assisted Living Facility (ALF) in Arcadia, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

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

0161-Records - Staff 58A-5.024(2) FAC

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

Administrator
M & R Personal Care Inc
1289 Hillsborough Ave
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a Biennial and Limited Mental Health (LMH) survey revisit conducted on December 13, 2013 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372