STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965091	**12/02/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marilin Alf	**7312 Sw 16 Street Miami, FL 33155**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013009952) was conducted at Marilin ALF on . There was one deficiency noted during the survey.

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, interview, and record review, the facility failed to maintain an up-to-date admission/discharge log. This was evident for 2 of 2 sampled residents.

Findings include:

Observation at 9:50 am revealed resident #1 was not observed to be on the premises. Resident #3 and resident #4 were observed to be in the facility.

Record review of the admission/discharge log revealed resident #1 was not listed as having been discharged from the facility. Resident #3 was listed on the day care admission registry. Resident #4 was listed on the regular admission/discharge log.

Interview with the owner on at 10:46 am revealed he confirmed that resident #1 had been discharged from the facility, that resident #3 was not a day care resident, and that resident #4 was a day care resident. He confirmed that the admission/discharge log was not up-to-date.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Marilin Alf
7312 Sw 16 Street
Miami, FL 33155

Re: CCR #2013009952

Dear Administrator:

This letter reports the findings of a state complaint 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 2/6/2014 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