STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968160	12/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arvis Senior Care Corporation	43 Nw 136 Place Miami, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Arvis Senior Care Corporation Assisted Living Facility had deficiencies found at the time of the visit.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on interview and record review, the facility failed to provide proof that the facility's manager successfully completes the assisted living facility core training requirements within three months from the date of becoming a facility manager.

The findings include:

Record review for the facility manager (hired on) had no documentation that she successfully completes the assisted living facility core training requirements within three months from the date of becoming a facility manager.

On at about 2:30 p.m. the facility administrator confirmed that there was no documentation that the facility manager successfully completes the assisted living facility core training requirements within three months from the date of becoming a facility manager.

Class: III

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

Based on record review and interview, the facility failed to ensure 2 out of 3 (Staff # B and C) received the required Limited Mental Health (LMH) training.

The findings include:

Record review for Staff # B, manager hired on and Staff # C, caregiver hired on found no documentation of having received the limited mental health training.

On at about 2:30 p.m. the facility administrator stated that Staff #B and #C did not receive the required Limited Mental Health (LMH) training.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arvis Senior Care Corporation
43 Nw 136 Place
Miami, FL 33182

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 3/5/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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