

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967136	(X3) DATE SURVEY COMPLETED 01/08/2014
NAME OF PROVIDER OR SUPPLIER South Miami Senior Care	STREET ADDRESS, CITY, STATE, ZIP CODE 15592 Sw 183 Lane Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Survey was conducted on , 2014 at South Miami Senior Care. The following deficiency was identified.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the assisted living facility's assistant administrator (manager) failed to complete the CORE training requirements.

The findings include:

Personnel record review found that the manager's employment application was dated 1/1/2014. Record review found that the manager had documentation that he completed 26 hours of CORE training but failed to provide documentation that he passed the CORE competency test.

An interview conducted with the facility administrator on 1/1/2014 at 9:40 a.m. revealed that she supervises two Assisted Living Facilities and the manager did not take the CORE competency test.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Miami Senior Care
15592 Sw 183 Lane
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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

