STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966971	01/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Los Tres Milagros Corp	10681 Sw 182 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint (CCR#2013011961) Survey was conducted at Los Tres Milagros Corp. on . There were deficiencies identified during the survey.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, interview, and record review, the facility failed to ensure there was one staff member trained in /1st Aid in the facility at all times.

Findings include:

Observation upon entry to the facility on at 9:30 am revealed there was only one person working in the facility at that time, staff B.

Interview with the administrator on at 10:01 am revealed she stated staff B did not work at the facility. She said the staff member scheduled to work today called in sick so staff B was contacted to cover for her. She confirmed the staff member did not have any /1st Aid training on file.

Review of the facility's posted staffing pattern revealed it did not include the name of staff B.

Review of the staffing files revealed there were no documents for staff B, /1st Aid training.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, interview, and record review, the facility failed to ensure that all staff with access to residents had appropriate background screening.

Findings include:

Observation upon entry to the facility on at 9:30 am revealed there was only one person working in the facility at that time, staff B.

Interview with the administrator on at 10:01 am revealed she stated staff B did not work at the facility. She said the staff member scheduled to work today called in sick so staff B was contacted to cover for her. She confirmed the staff member did not have any level II background screen on file.

Review of the staffing files revealed there was no background screening documentation for staff B.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Los Tres Milagros Corp
10681 Sw 182 Street
Miami, FL 33157

Re: CCR #2013011961

Dear Administrator:

This letter reports the findings of a state complaint 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

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