STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	**02/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amistad 308 Llc	**8420 Sw 2nd Street Miami, FL 33144**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on . Amistad 308 Assisted Living Facility Home had deficiencies found at the time of the visit.

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on observations, record review, and interview the assisted living facility failed to have a copy of 1 out of 4 (Staff C) sampled staff member's level 2 background screening at the facility.

Findings include:

Facility tour on at 9:00 a.m. found Staff C (hired on) was observed assisting the residents with activities of daily living.

Record review found that the facility did not have completed copies of level 2 background screenings for Staff C.

Interview conducted with the facility administrator on at 2:30 p.m. revealed that she did not have a copy of her background screening at the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amistad 308 Llc
8420 Sw 2nd Street
Miami, FL 33144

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 4/24/2014 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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