STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967805	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Little Havana Ii	8260 Sw Grand Canal Drive Miami, FL 33144	
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

An unannounced visit for a Standard Biennial Survey was conducted on . Little Havana II had the following deficiencies at the time of the visit:

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

Based on record review and interview the facility failed to ensure an administrator (#1) trained in 12 hours continuing education.

Findings as follow:

Record review revealed the facility administrator CORE training was made on .

Record review documented the facility failed to have proof that the facility administrator (#1) had completed 12 hours of continuing education training.

On at about 12:10 p.m. the facility administrator confirmed she did not complete the 12 hours of continuing education training.

Class III

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

Based on record review and interview the facility failed to ensure 2 of 5 (#1 and #2) facility staff trained in Limited Mental Health complete continuing education.

Findings as follow:

Record review documented staff #1 (facility administrator, hired on) received the initial training in Limited Mental Health on . Further review also revealed staff #2 (caretaker, hired on) received the initial Limited Mental Health training on . There was no documentation verifying staff #1 and #2 had completed continuing education in dealing with residents who have Limited Mental Health

On at about 12:30 p.m. the facility administrator (staff #1) confirmed neither staff #1 nor staff #2 had the limited mental health continuing education training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Little Havana Ii
8260 Sw Grand Canal Drive
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 , 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure XG90

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