STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Marias Alf	12381 Sw 144 Terrace Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-
0052-Medication - Assistance With Self-Admin-
0054-Medication - Records-
0078-Staffing Standards - Staff-
0080-Training - Core & Competency Test-
0085-Training - Nutrition & Food Service-
0164-Records - Inspection Availability-
L243-Lmh - Training-

Revisit Repeat Tags:
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:
0161-Records - Staff-58a-5.024(2) Fac

Specific Tag Findings:

0000-Initial Comments

An visit for a Biennial survey was made on . Las Maria Assisted Living Facility had the following deficiencies at the time of the visit:

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have an employment application for 1 of 4 (#4) facility staff.

Findings as follow:

Record review documented the facility failed to have an employment application including references for staff #4 (date of hire unknown).

On at about 1:00 p.m. staff #3 (caretaker) confirmed the facility had no an employment application completed for staff #4 available for review.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility still failed to have a mental health assessment, an annual community support plan and a agreement for 3 of 3 (#1, #2, #3) mental health residents.

Findings as follow:

Record review revealed resident #1 (admitted to facility on), resident #2 (admitted to facility on

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) and resident #3 (admitted to facility on) had a diagnoses of . Further review revealed the facility had no an annual community support plan, a agreement and a mental health assessment available for review for resident #1, #2 and #3.

On at about 1:00 p.m. staff #2 (caretaker) confirmed they did not have the appropriate documentation for residents with Limited Mental Health.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Las Marias Alf
12381 Sw 144 Terrace
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a biennial revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure

BBT7

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