STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966038	05/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Family Corp	650 Sw 60 Court Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial survey was conducted on . Caring Family Corp Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to provide proof of Limited Mental Health (LMH) training for 1 out of 2 staff (Staff B).

The findings include:

Record review for Staff B (hired on) had no documentation of having received the limited mental health training on file.

On at about 2:30 PM the administrator stated that Staff B had not taken the limited mental health training as required.

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Caring Family Corp
650 Sw 60 Court
Miami, FL 33144

Dear Administrator:

This letter reports findings of a Standard Biennial 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 there were no discernible deficiencies noted on the date of the 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

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