STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967330	07/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mercy & Michael Alf, Inc	3000-3002 Sw 23 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Mercy & Michael ALF Inc. had deficiencies identified at the time of survey.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation and record review the facility failed to ensure that 3 out of 3 (A, B, and C) staff members had 2 hours continuing education training on providing assistance with self-administration annually.

Findings include:

Observations on at 3 p.m. found that the administrator assisted resident #4 with medications.

Record review found that staff members A, B, and C's last medication training was dated and expired . Record review found that the facility did not have current medication training for staff members A, B, and C.

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview facility failed to have a power of attorney (POA) in 1 out 9 (#3) sampled residents' chart for review during the survey process. The facility failed to have a signed contract for 1 out of 9 (#3) sampled residents.

Findings includes:
1. Record review revealed that resident #3 did not have a completed POA in her chart at the time of the survey. Resident #3 was admitted on - and her family member has been signing her documentation without the a POA. Record review found that resident #3's contract was not signed at admission.

2. Interviewed administrator on , she confirmed the findings in regards to the residents family member had been signing the documents without a POA.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mercy & Michael Alf, Inc
3000-3002 Sw 23 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the 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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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