STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	07/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ana's Elderly Care Inc	**3720 Sw 132 Avenue Miami, FL 33175**	
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 abbreviated biennial survey was conducted on , 2014. Ana's Elderly Care Inc.had deficiencies at the time of survey.

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that facility had a manager who completed the CORE training of competency test documentation in record.

Findings include:

Record review on at 10:00 am revealed the facility's administrator (hired on) did not have a evidence of passing the CORE training competency and/or Core continue education documented on personnel chart.

Interview on at 1:00 p.m. with staff A revealed that there is no documentation to prove that the Administrator complete the CORE training in the facility at the time of survey.

Class III

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that 1 out of 4 (C) sampled staff members received limited mental health training within six months of employment provided by or approved by the Department of Children and Families (DCF).

Findings Include:

Personal record review on @ 10:30 am revealed that staff C (hired) did not have any evidence of having six (6) hours of Limited Mental Health (LMH) training.

Interview with staff # A & C on at 1:00 p.m. confirmed that staff C would be taking the training next month.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ana's Elderly Care Inc
3720 Sw 132 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an abbreviated 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton-for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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