STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	**08/21/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mother's Years Inc	**5454 Sw 145 Avenue Miami, FL 33175**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-08/21/2014
0054-Medication - Records-08/21/2014
0078-Staffing Standards - Staff-08/21/2014
0081-Training - Staff In-Service-08/21/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/21/2014
0162-Records - Resident-08/21/2014
N277-Lns - Resident Care Standards-08/21/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on August 21, 2014. Mother's Years, Inc. did not have deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2014

Administrator
Mother's Years Inc
5454 Sw 145 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on August 21, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

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