STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967296	**08/21/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magnet Adult Home	**1431 Nw 55 Terrace Miami, FL 33142**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregated Care Monitoring survey was conducted on / . Magnet Adult Home had deficiencies identified at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not have current documentation verifying proof of freedom from communicable including for 1 out of 4 (D.) sampled staff.

Findings included:

Facility's record review revealed sampled staff D. (ECC nurse, hire date /.) documentation verifying proof of freedom from communicable including expired .

On /. at 10:05 AM administrator stated, "I will call staff D. and have her redo her freedom from communicable and test so we can update the record."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2014

Administrator
Magnet Adult Home
1431 Nw 55 Terrace
Miami, FL 33142

Dear Administrator:

This letter reports the findings of an Extended Congregate Care Monitoring survey that was conducted on September 3, 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
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