STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	**08/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miami Comfort Cove, Inc	**3511 N W 11 Court Miami, FL 33127**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0162-Records - Resident-58a-5.024(3) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on [illegible] 27, 2014. Miami Comfort Cove Inc. had deficiencies identified at the time of the visit.

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

Based on record review and interview, the provider failed to ensure 1 out of 3 (#11) sampled residents' file contain documentation of the appointment of a health care surrogate, health are proxy, guardian or the existence of a power of attorney.

Findings included:

Record review of resident #11's file revealed a resident agreement dated , 2014 that had been signed by resident #11's son. Further record review revealed no documentation showing the appointment of a health care surrogate, health are proxy, guardian or the existence of a power of attorney.

On [illegible] , 2014 at 11:57 AM, the administrator acknowledged sampled resident #11's file did not contain documentation of the appointment of a health care surrogate, health are proxy, guardian or the existence of a power of attorney. The administrator stated, "It's my fault."

Uncorrected Deficiency

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Miami Comfort Cove, Inc
3511 N W 11 Court
Miami, FL 33127

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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