STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967939	**09/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mercedes & Family Alf	**4941 Nw 183 Street Miami Gardens, FL 33055**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on [redacted], 2014. Mercedes & Family ALF had deficiencies at time of the survey.

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview the facility failed to have documentation of Limited Mental Health training (6 hours) for 2 out of 4 (administrator and staff A) staff members.

Findings included:

Record personal review found the administrator and staff A had documentation of LMH training for 3 hours (update) dated [redacted]. Further personal record review showed the administrator and staff A had a LMH certificate dated on [redacted] for 3 hours (refreshment) training. The facility did not have documentation that the administrator and staff A received the initial 6 hours of LMH training.

Interview with administrator and staff A on [redacted] at 11:00 am revealed that they took six hours training at the Department of Children and Families (DCF). And DCF is not able to provide the LMH training certificates to the facility for the six hours of LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mercedes & Family Alf
4941 Nw 183 Street
Miami Gardens, FL 33055

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 4, 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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