STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966984	09/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mayle Alf, Inc	19768 Bel-Aire Drive Cutler Bay, FL 33157	
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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Mayle ALF, Inc. had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting 1 of 8 (staff H) staff did not have any signs or symptoms of communicable .

Findings as followed:

Record review documented the facility failed to have a written statement from a health care provider that staff H (contracted nurse) did not have any signs or symptoms of communicable . Staff H has been contracted by the facility since .

On at 1:20 p.m. the facility's assistant administrator acknowledged the facility failed to have staff H's statement from a health care provider.

Class III

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

Based on record review and interview the facility failed to have a contract, a weight record initiated at admission, and the inform consent to assist with medication self administration for 1 of 2 (#1) sampled residents.

Findings as followed:

Record review showed the facility failed to have a signed contract, a weight record initiated at admission, and an inform consent to assist with medication self administration for resident #1 who was admitted to facility on .

On at 1:20 a.m. the facility's assistant administrator acknowledged the facility failed to have a signed contract, a weight record initiated at admission, and the inform consent to assist with

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medication self- administration for resident #1.

Class III

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

Based on record review and interview the facility failed to have 1 of 7 (staff F) trained with 6 months of employment in 6 hours of specialized training in working with individuals with mental health diagnoses by an approved by the Department of Children and Families trainer.

Findings as followed:

Record review found the facility held a standard license with the Limited Mental Health component. Record review showed the facility failed to have staff F (hired on) trained in working with Limited Mental Health residents (6 hour training).

On at 1:20 p.m. facility's assistant administrator acknowledged the facility failed to have staff F trained in working with Limited Mental Health residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2014

Administrator
Mayle Alf, Inc
19768 Bel-Aire Drive
Cutler Bay, FL 33157

Dear Administrator:

This letter reports the findings of a Change of Ownership 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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