STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966387	10/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marcia Adult Care	5143 Sw 157 Court Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 Biennial Standard survey was conducted on . Marcia Adult Care had deficiencies found at the time of the survey.

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

Based on record review and interview the facility failed to have documentation of a power of attorney, the appointment of a health care surrogate, health care proxy or guardian for 2 out of the 7 (#2 and #4) sampled residents.

Findings included:

1. Record review revealed residents #2 and #4 had family members signing their contracts and other documents in the residents charts without having a POA, surrogate, or guardianship documentation.

2. Interview with the administrator on at 3:00 pm, she confirmed the findings that residents #2 and #4 did not have a POA, surrogate, or guardianship documentation in their files and family members were signing paperwork in the residents charts.

Class III

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

Based on record review and interview the facility failed to ensure that 1 out 5 (B) sampled employees received 3 hours of limited mental health (LMH) training.

Findings included:

1. Record review revealed that employee B. (caretaker) did not have any documentation in her file that she received 3 hours of LMH training. The last LMH training was dated .

2. Interview with the administrator on at 3:00 pm, she confirmed the finding that employee B. did not have 3 hours LMH training in her file at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Marcia Adult Care
5143 Sw 157 Court
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida