STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922175	**10/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Magda's Home	**10551 Sw 49 Street Miami, FL 33165**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 10/28/14. Magda's Home had a deficiency identified at the time of the survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility still failed to ensure all existing architectural and structural systems were in good working order.

Findings as followed:

On at 11:15 a.m. observed the roof ridge with a blue tarp being held down by sand bags. Also observed what appeared to be water stains and paint peeling from the ceiling. Observed light brown stains and paint beginning to peel from the ceiling in # 1 and #2. The dining had light brown stains and paint peeling on he ceiling. The entrance of the family had peeling paint and observed peeling paint from the ceiling and light brown stains on the ceiling by the bay window.

On at 11:30 a.m. telephone interview the facility's owner, the owner stated "no repair have been made due to the weather conditions and added as soon as the rain breaks will start the house repair".

Uncorrected Deficiency

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Magda's Home
10551 Sw 49 Street
Miami, FL 33165

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

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