STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966974	11/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mary's Care Center	30796 Sw 189 Avenue Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR# 2014009770) Investigation survey was conducted on 11/ . Mary's Care Center had the following deficiencies identified at the time of the survey:

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to have 1 of 3 (Staff C) trained in 2 hours of assisting with self administration of medications annually.

Findings as followed:

Record review showed the facility failed to have staff C (hired on) trained in assisting with self administration of medications annually. Record review showed the last medication training for staff C was dated .

On 11/ at 12:15 p.m. the facility's administrator acknowledged the facility failed to have staff C trained in assisting with self administration of medications annually.

Class III

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

Based on record review and interview the facility failed to have 2 of 3 (staff B and C) facility staff trained in working with Limited Mental Health residents.

Findings as followed:

Record review showed the facility has a standard license with Limited Mental Health component. Record review showed the facility failed to have staff B (hired on) and staff C (hired on 11/) trained in working with limited mental health residents.

On 11/ at 12:15 p.m. the facility's administrator acknowledged the facility failed to have staff B and C trained in working with Limited mental Health residents. She stated she is working to do so.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_______ , 2014

Administrator
Mary's Care Center
30796 Sw 189 Avenue
Homestead, FL 33030

RE: CCR #2014009770

Dear Administrator:

This letter reports the findings of a state licensure 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
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