STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965646	12/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marina Alf	8830 Caribean Boulevard Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on ,2014. Marina ALF had the following deficiency at time of the survey:

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

Based on record review and interview, the facility failed to provide proof of Limited Mental Health training for 1 out of 4 staff sampled (Staff D).

Findings included:

Record review on / for Staff D (hired on) showed that had no documentation of the 6 hour limited mental health training on file.

During an Interview on / at 10:48 AM Staff A (owner) stated that staff D do not have the limited mental health training. She also stated " I'm going to register both staff C and D for the training on the same day. "

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Marina Alf
8830 Caribean Boulevard
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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