STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922175	01/02/2015
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 2nd revisit on 12/16/14 and concluded on 01/02/15. Magda's Home had the following deficiency found at the time of the survey:

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

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

Findings included:

On at 12:05 PM during the facility tour found the roof ridge with a blue tarp being held down by sand bags still.

The administrator stated they placed double blue tarps on the roof for more protection and they are waiting for the insurance to come and fix the roof.

On at 8:42 AM during the tour it was observed there was still a blue tarp being held down by sand bags over the roof ridge.

On at 9:00 AM, the owner called to the facility and stated she has all the necessary documents in the safe in the bank and she is going to take them out and send them to the agency by e-mail and fax by the end of the day.

On the owner provided a copy of a roof estimate dated , 2014 for $12,200.

On at 10 AM one of the agency's attorney spoke to the contractor and he stated "he gave the lady the estimate months ago and she never called him back".

Received a report from the County Regulatory and Economic Resources Department on / stating, "The above described structure(s)has/have been inspected by this department and found to be unsafe as defined in the provisions of Section 8-5 of the Code of Miami- Dade County and the Florida Building Code. The defects listed on the attached Explanation of Violations have rendered the above structure(s)to be unsafe."

Uncorrected Deficiency
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial Second Revisit Survey conducted on 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than , 2015.

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

YOSF

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