

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966712	(X3) DATE SURVEY COMPLETED 02/09/2015
NAME OF PROVIDER OR SUPPLIER M & Y Caring And Loving Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 22712 S W 103 Court Miami, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-02/09/2015
0080-Training - Core & Competency Test-02/09/2015
0082-Training - Hiv/aids-02/09/2015
0083-Training - First Aid And Cpr-02/09/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/09/2015
L241-Lmh - Records-02/09/2015
L243-Lmh - Training-02/09/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on February 9th, 2015. M & Y Caring And Loving Alf, Inc did not have deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 23, 2015

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

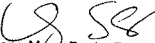
This letter reports the findings of a Standard Biennial licensure survey revisit conducted on February 9, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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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