State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965316	A. Building B. Wing	4/14/2015

Name of Facility	Street Address, City, State, Zip Code
LEO MAY ALF	3666 SW 5TH TERRACE MIAMI, FL 33135

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0004** Reg. # **58A-5.016 FAC** LSC		ID Prefix **A0009** Reg. # **58A-5.0181(3) FAC** LSC		ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC		ID Prefix **AZ827** Reg. # **408.812, FS** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** — **Date:** 05/01/15 — **Signature of Surveyor:** — **Date:**

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965316	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LEO MAY ALF	**3666 SW 5TH TERRACE MIAMI, FL 33135**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Re-Visit to a Complaint investigation was conducted on and Leomay ALF., Inc. had the following deficiency at the time of the survey.

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and staff interview the assisted living facility failed to ensure that 1 out of 3 (staff C) sampled staff members have a completed level 2 background screening prior to providing care to residents.

Findings included:

On at 11:00 PM, during a employee record review conducted, revealed that Staff C(hired on) did not have a current result on their background screening in their files

On at 11:10 PM on a phone interview with the administrator, she thought that with the finger prints was enougn, but when she got in the background screening Webster, he was not eligible.
On at 11:00 AM according to the administrator, her consultant re-checked it again and he suggested the administrator that the employee needed to be dismissed from the facility. Employee wrote to the facility a resignation letter dated (picture).
Based on the administrator she had contacted already the agency that finds employees for the facility to get a new employee.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Leo Alf
3666 Sw 5th Terrace
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2015by 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 , 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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Myao-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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