STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	**04/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & Y CARING AND LOVING ALF, INC	**22712 S W 103 COURT MIAMI, FL 33190**	

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

0000 - Initial Comments

A Complaint Investigation (CCR 2015002106) was made on . M and Y Caring and Loving had the following deficiencies at the time of visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to contact the physician when 1 out of 6 (#1) facility residents showed a significant change in behavior. The facility also failed to have the documentation regarding 1 out of 6 (#1) facility residents that had a significant change in behavior.

Findings as follow:

On at 10:00 a.m. the facility administrator reported on . Resident #1 left the facility early in the morning to walk and came back to facility after 9:00 p.m. verbally aggressive with unsteady gait. Stated resident went directly to bed. On . Resident #1 went out from facility early morning for a walk and returned to facility. He had very aggressive behavior, breaking several facility and other residents' properties. Then, Resident #1 went out of the facility showing the same aggressive behavior.

On . 4 out of 4 residents interviewed stated, on . resident #1 was very aggressive with staff and other residents adding Resident #1 broke several facility and residents' items. The facility residents also reported that Resident #1 was always, very disrespectful with residents and staff.

On . the facility's Administrator stated did not notify Resident's #1 Physician about Resident's #1 change in behavior that occurred on . and . adding that Resident #1 was always disrespectful with Staff, used to bother other residents and did not want to follow facility rules. The facility's Administrator stated that on ., after resident went out of facility (the second time) he was for improper behavior from a restaurant that was visiting. The facility's Administrator stated they did not contacted the licensed physician to inform about this incident. The facility's Administrator stated that this incident was not documented in the facility records.

Record review showed the facility did not have documentation that the facility informed the physician about the changes in Resident's #1 behavior and subsequent . Record review showed the facility did not have any documentation regarding Resident #1's behavior and actions on . and .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015002106

Dear Administrator:

This letter reports the findings of a Complaint Investigaiton survey that was conducted on , 8, 2015 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
XG90

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