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 Complaint Survey (CCR#2015001761) 2nd re-visit was conducted on . Leomay Assisted Living Facility Inc. with Limited Mental Health component had the following uncorrected deficiency found 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 D) sampled staff members have a completed level 2 background screening prior to providing care to residents.

Findings included:

On employee record review revealed Staff D (hired on) did not have current results on her background screening, further review on at 11:56 AM revealed "No records were found matching the given criteria on the Florida Agency for Health Care Administration background screening site. " Search was made using Staff D name and social security number

On at 12:25 PM Administrator stated, " She will be fired as soon as she comes in tonight, I can't call her now because she moved, has a new number and I don't have the new information. "
Unclassified uncorrected

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 Seccond Complaint Revisit Survey conducted on 3, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

YOSF

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