

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 06/29/2015
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on ; 2015. Vicky's Home ALF with Limited Nursing Services and Limited Mental Health had a deficiency.

L243 LMH - Training

Based on record review and interview the facility failed to ensure that 1 out of 5 sampled employee (D) received the 6/hours initial training for Limited Mental Health within 6 months of employment.

Findings included:

On at 11:00 AM record review for Staff D (hire date /) revealed that the staff did not have had the initial Limited Mental Health 6/hours training.

On at 1:30 PM Staff D acknowledged the findings and stated, "she will go and take the training as soon as possible."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vicky's Home Alf
6402 Sw 41 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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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