STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIA ADULT CARE #2	**400 SW 76 COURT MIAMI, FL 33144**

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

0000 Initial Comments

A Standard Biennial Survey Revisit was conducted on 07/21/15. Maria Adult Care #2 with Limited Mental Health and Limited Nursing Service components had one deficiency found at the time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to submit a change of Administrator to the Licensure Unit with 10 days of change.
Findings included:
On / / at 10:30 AM record review found the facility's Administrator had been change. The new Administrator was hired, passed CORE training on and continued education training on . The facility did not have any documentation that the change of Administrator was reported to the licensure unit.
The Florida Health Finder website showed the previous Administrator (who was not CORE trained).
Phone interview on / / at 9:25 AM the current Administrator and she stated; " I submitted the paper work of change of administrator on ."
The Licensure Unit revealed on / / that they had not received any paperwork from the facility.
Uncorrected Class III

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11966124

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
7/31/2015

Name of Facility
MARIA ADULT CARE #2

Street Address, City, State, Zip Code
400 SW 76 COURT
MIAMI, FL 33144

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	Correction Completed	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed	ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By** CR	**Date:** 7/31/15	**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**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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