

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X3) DATE SURVEY COMPLETED 07/14/2015
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2015. Juan Pablo II ALF, Corp with Limited Mental Health component had the following deficiencies found at time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to provide evidence of a high school diploma for the facility administrator.

Findings Include:

Personnel record review found that the facility's administrator (hired) did not have evidence of having a high school diploma or its equivalent

Interview conducted on at 3:30 PM, the administrator stated that she did not have her high school diploma available for review at the moment and that she was going to look for it at home.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

, 2015

Administrator
Juan Pablo Li Alf, Corp.
15680 Sw 139 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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