STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965316	08/04/2015
NAME OF PROVIDER OR SUPPLIER **LEO MAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3666 SW 5TH TERRACE** **MIAMI, FL 33135**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Leomay ALF Inc. with Limited Mental Health component had the following deficiencies found at the time of the survey:

0080 Training - Core & Competency Test

Based on record review and interview the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings included:

On at 10:30 AM, record review revealed that the administrator's 12 hours of continuing education documentation was missing in the files.

On at 2:50 PM on an interview with administrator, she acknowledge the findings, and stated that she was going to correct them as soon as possible.

Class III

0160 Records - Facility

Based on record review, and interview the facility failed to have a current, Health inspection, and Emergency Management Planing.

Findings included:

Record review on at 8:31 AM found the facility's last Health Inspection was dated .

On at 2:50 PM on an interview with the Administrator, she the health inspection was not current, and stated that she was going to correct them as soon as possible.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of three sampled employees (Staff B) has received the 3/hours of continued education every two years.

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

Findings included:

On at 10:30 AM record reviewed of Staff C. ( ) revealed that the staff did not have the 3/hours of continued education every two years on file.

On at 2:50 PM on an interview with administrator, she acknowledge Staff C had not completed the continuing education training, and stated that she was going to correct them as soon as possible.

Class III

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 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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