STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965775	09/15/2015
NAME OF PROVIDER OR SUPPLIER **MAYRA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4210 WEST 19 AVENUE** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Mayra's ALF with Limited Mental Health component had the following deficiencies identified at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment within 30 days following the admission to the facility for 1 out of 6 (#3) sampled residents.

Findings included:

Record review found that the health assessment for Resident #3 was dated , Resident #3 was admitted on / . The facility failed to ensure that the health assessments for residents are completed with 30 days of admission.

Interview on at 4:00 PM the Administrator acknowledged after reviewing the health assessment that it was not completed within 30 days of admission.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility, the facility's Administrator supervised more than one facility.

Findings included:

Record review on of staff files revealed the facility did not have a manager's record. An Internet search of the Florida heath finder website showed the Administrator supervised two assisted living facilities.

Interview of / / at 1:00 PM the Administrator stated "I have two facilities."

Class III

0083 Training - First Aid and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965775	09/15/2015
NAME OF PROVIDER OR SUPPLIER **MAYRA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4210 WEST 19 AVENUE** **HIALEAH, FL 33012**	

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

Based on record review and interview the facility failed to ensure one out of three (C) sampled staff members completed in First Aid and ; and holds a currently valid card documenting completion of such courses must be in the facility at all times.

Findings included:

Record review found Staff C did not have any documentation proving she received the updated and First Aid training. The last training was dated / and expired / .

Interview on at 4:00 PM the Administrator acknowledged finding after review that the staff did not have the training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure one out of three (B) sampled staff members received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Finding included:

Interview on / at 11:11 AM Staff B revealed she assisted residents with medications self-administration.

Record review found the last medication training for Staff B was dated for 4 hours. Record review found the facility did not have a minimum 2 hours of training for Staff B annually.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

Based on observations and interview the facility failed to ensure the appliances were in working order and that the facility was maintained

Findings included:

Observations on / at 10:00 AM during the tour of the facility found the refrigerator light not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965775	09/15/2015
NAME OF PROVIDER OR SUPPLIER **MAYRA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4210 WEST 19 AVENUE** **HIALEAH, FL 33012**	

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

working; also observed a hole in [redacted] in [redacted] #[redacted].

Interview with the Administrator on [redacted] at 4:00 PM, she acknowledged damage and stated, "I will repair it."

Class III

0161 Records - Staff

Based on record review and interview the facility failed to have evidence of a completed level 2 background screening for one out of three (A) sample staff members.

Findings included :

On [redacted] at 10:00 AM record review reveled that Staff A's background screening on file stated "Screening in Process." The facility did not have a completed background screening for Staff A.
The background screening website was checked on [redacted] found an eligible background screening for Staff A dated [redacted].
Interview on [redacted] at 4:00 PM the Administrator acknowledged findings after review that the copy of the background screening was not at the facility.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that staff who are in direct contact with mental health residents receive the 3 hours update provided by or approved by the Department of Children and Families Services for one out of three (C) sampled staff.

Finding included:

Record review conducted on [redacted] revealed Staff C did not have proof that she completed the minimum 3 hours limited mental health (LMH) training every two years. The last updated was completed on [redacted].

Interview on [redacted] at 4:00 PM the Administrator acknowledged Staff C did not have the updated training for LMH.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965775	**09/15/2015**
NAME OF PROVIDER OR SUPPLIER **MAYRA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4210 WEST 19 AVENUE** **HIALEAH, FL 33012**	

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mayra's Alf
4210 West 19 Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com