STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968160	10/01/2015
NAME OF PROVIDER OR SUPPLIER **ARVIS SENIOR CARE CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **43 NW 136 PLACE** **MIAMI, FL 33182**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on / . Arvis Senior Care Corporation with a Limited Mental Health component had the following deficiencies found at the time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to appoint a Manager for the facility who did not administer other one.

Findings included:

Record review on / at 11:15 AM found that the administrator was also listed as the administrator for two other facilities and had not appointed a Manager for this facility.

On / at 1:00 PM, during an interview with the Administrator, she stated that she was not aware of this new regulation and that she was going to try to fling a new manager as soon as possible.

Class III

0093 Food Service - Dietary Standards

Based on interview the facility failed to provide food based on habits and preferences. The facility failed to serve meals that no more than 14 hours elapse between the end of an evening meal containing a protein and the beginning of a morning meal.

The findings include:

On / at 9:30 AM during interview conducted with Residents #1,2,3 revealed that the facility offer only two snacks at 10:00 AM and 3:00 PM, breakfast at 8:00 AM lunch at 12:00 PM, and dinner at 5:00 PM. We do not receive snack before bedtime.

On / at 10:50 AM during interview with staff B and C also verified that they offer only twice a day the snacks, at 10:00 AM and 3:00 PM

On / at 1:00 PM interview with administrator, she acknowledge the findings and stated that she was going to take make sure the residents will have some snacks before they go to bed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arvis Senior Care Corporation
43 Nw 136 Place
Miami, FL 33182

Dear Administrator:

This letter reports the findings of an Abbreviated 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 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 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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