STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967136	10/07/2015
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15592 SW 183 LANE** **MIAMI, FL 33187**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . South Miami Senior Care with a standard license had the following deficiencies found at the time of the survey:

0080 Training - Core & Competency Test

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

Findings included:

On at 12:00 PM, record review revealed that the Administrator and Manager's 12 hours of continuing education documentation expired on .

On at 2:00 PM interview with the Administrator, she acknowledge the findings that the training was expired.

Class III

0160 Records - Facility

Based on observations, record review, and interview the facility failed to have an annual health inspection.

Findings included:

On at 9:15 AM during the tour observed the health inspection report posted, it was dated and expired .

On at 2:00 PM interview with the Administrator, she stated that she was aware of the findings but she thought that the inspection was going to be a little bit later.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
South Miami Senior Care
15592 Sw 183 Lane
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a 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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida