STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & Y CARING AND LOVING ALF, INC	**22712 S W 103 COURT MIAMI, FL 33190**

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

0000 Initial Comments

A revisit inspection survey was conducted at M & Y Caring & Loving ALF at 22712 SW 103 Court on . Deficienices were identified at the time of the survey.

0077 Staffing Standards - Administrators

Based on observation, interview and record review, the facility still failed to ensure that it was under the supervision of a qualified administrator. The administrator failed to ensure that qualified employees were available to provide services to residents. The administrator also failed to ensure that the person acting in the capacity of Manager met the qualifications.
Findings:
On , the facility's Owner was observed acting in the capacity as a Manager by providing care to residents, arranging for shift coverage, supervising the employee, and providing documents or explaining policies and procedures during the survey visit.
On / at 9:10 am Resident #4 stated that he has been living at the facility since of 2015. He stated that he has never seen or met the Administrator.
On / at 9:31 am phone interview with the Administrator he acknowledged that he has not seen the statement of deficiencies from the survey visit and was not aware that there were numerous deficiencies that needed correction.. He stated that he did not know some of the residents had never met him.
Record review revealed that the facility's Owner is listed as Alternate Administrator. A sign identifying them in these roles is posted at the facility.
A review of the personnel record revealed that the Owner has not taken the CORE training course or passed the CORE training examination.
Uncorrected Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that one of three Employees (Employee C) had received the required in-service training within 30 day of hire.
Findings:
Record review revealed that there was no record that Employee C, hired / , received these training: / training; assistance with daily living and behavioral needs training; elopement training; emergency preparedness & evacuation training; incident reporting training; recognizing and reporting training.
On / at 9:40 am the Owner acknowledged that these training were missing and she stated that Employee C would be completing them.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	R
NAME OF PROVIDER OR SUPPLIER **M & Y CARING AND LOVING ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22712 S W 103 COURT MIAMI, FL 33190**	

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

Uncorrected Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, interview, and record review, the facility failed to ensure that an employee alone on duty and responsible for assisting residents with self-administration of medication had completed training prior to performing this task.
Findings:
On / at 7:50 am, Employee C was observed alone on duty caring for a census of 5 residents.
On at 9:14 am, Employee C stated that she assists residents with self-administration of medication since her hire date of , 2015.
Record review revealed that there was no documentation that Employee C, hired / , received medication training.
On at 9:15 am, the Owner acknowledged that Employee C had not received the required training and stated that she would get it done immediately.
Uncorrected Class III

0090 Trainina -

Based on record review and interview, the facility still failed to ensure that one of two employees (Employee C) had received the required ( ) training.
Findings:
A review of the personnel record revealed that there was no documentation that Employee C, hired / , received training:
On at 9:15 am Owner acknowledged that Employee C had not completed this training and stated that she would get it done immediately.
Uncorrected Class III

0160 Records - Facilitv

Based on interview and record review, the facility still failed to maintain a current admission and discharge log.
Findings:
A review of the admission-discharge log revealed that 6 residents were listed as currently living in the facility but only 5 lived there.
On / / at 9:20 a.m., the Owner acknowledged that the admission-discharge log needed to be corrected.
Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966712	A. Building B. Wing	10/14/2015

Name of Facility	Street Address, City, State, Zip Code
M & Y CARING AND LOVING ALF, INC	22712 S W 103 COURT MIAMI, FL 33190

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC		ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC		ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	
ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC		ID Prefix **AZ816** Reg. # **408.809(2)(a-c) FS** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
		10/28/15		
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 7, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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