STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	R / /
NAME OF PROVIDER OR SUPPLIER **M & R PERSONAL CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1289 SOUTH HILLSBOROUGH AVENUE ARCADIA, FL 34266**	

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

0000 Initial Comments

An unannounced follow-up survey was completed on / / at M & R Personal Care, Inc., an assisted living facility in Arcadia, Florida. The original survey was completed on .

Five deficiencies were corrected. The following is description of the remaining deficiency:

L241 LMH - Records

Based on record review and interview, the facility failed to ensure 7 (Residents #1, #10, #12, #13, #14, #15, and #16) of 9 in-house Limited Mental Health residents reviewed had community support plans and , agreements.

The findings include:

On / / , the Administrator was not able to provide documentation that 7 residents (Residents #1, #10, #12, #13, #14, #15 or #16) had appropriate community support plans and Agreements.

On / / at 10:30 a.m., the Administrator said there were currently 9 in house residents in the facility that are mental health residents. Two of the residents have community support plans and agreements in place. Four of the residents (Residents #1, #12, #13 and #14) had been accepted to mental health services and are in the process of having community support plans and agreements put in place. There are three residents (Resident #10, #15 and #16) the Administrator is still working to have accepted into a mental health service.

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966232	A. Building B. Wing	11/19/2015

Name of Facility	Street Address, City, State, Zip Code
M & R PERSONAL CARE, INC	1289 SOUTH HILLSBOROUGH AVENUE ARCADIA, FL 34266

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed	ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) F LSC	Correction Completed
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By Jon Johnson	Date: 12/1/2015	Signature of Surveyor: Kenneth Jo Larry Taylor	Date: 12-1-15
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

_____ I, 2015

Administrator
M & R Personal Care, Inc
1289 South Hillsborough Avenue
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 19, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

YOSF

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Fort Myers, FL 33901
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