| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965775 | R |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAYRA'S ALF** | **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 Revisit Survey was conducted on 24, 2015. Mayra's ALF with Limited Mental Health component had the following deficiency at time of the survey.

**0077 Staffing Standards - Administrators**

Based on record review and interview facility administrator that administers 2 facilities failed to appoint in writing a separate manager for each facility.

Findings included:

Record review revealed that facility administrator administers Mayra's ALF and Mayra's ALF # 3.

On at 1:10 pm facility administrator stated that she hired a manager for Mayra's ALF # 3 because her consultant explained to her that since she has 2 facilities she only needs a manager for one of them because she would act like the manager for the other facility.

Class III

# State Form: Revisit Report

| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| AL11965775 | A. Building<br>B. Wing | |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| MAYRA'S ALF | 4210 WEST 19 AVENUE<br>HIALEAH, FL 33012 |

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<br>Reg. # 429.26(4-6) FS; 58A-5.0181<br>LSC | Correction Completed | ID Prefix A0083<br>Reg. # 58A-5.0191(4) FAC<br>LSC | Correction Completed | ID Prefix A0084<br>Reg. # 58A-5.0191(5) FAC<br>LSC | Correction Completed |
| ID Prefix A0152<br>Reg. # 58A-5.023(3) FAC<br>LSC | Correction Completed | ID Prefix A0161<br>Reg. # 429.275(2) FS; 58A-5.024(2<br>LSC | Correction Completed | ID Prefix AL243<br>Reg. # 429.075(1) FS; 58A-5.0191(<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |

| | | | | |
|---|---|---|---|---|
| Reviewed By<br>State Agency | Reviewed By | Date: 12/08/15 | Signature of Surveyor: | Date: |
| Reviewed By<br>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
Mayra's Alf
4210 West 19 Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial Revisit Survey conducted on 24, 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.

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 , 2016.**

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

jcj
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

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