

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/14/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965854	(X3) DATE SURVEY COMPLETED R /
NAME OF PROVIDER OR SUPPLIER SUANY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 20411 SW 116 ROAD MIAMI, FL 33189	

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

0000 Initial Comments

A Complaint (CCR #2015007008 and 2015007976) Survey 2nd Revisit was conducted on 01/04/2016. Suany's Home had the following deficiency at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each location, the Administrator supervised two assisted living facilities.

Findings as follow:

Record review found the facility's Administrator supervised two assisted living facilities. The facility failed to appoint a separate Manager for each location.

On 1/14/2016 at 1:00 PM, the facility's Administrator acknowledged the facility did not have a Manager appointed.

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965854

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
1/4/2016

Name of Facility
SUANY'S HOME

Street Address, City, State, Zip Code
20411 SW 116 ROAD
MIAMI, FL 33189

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 A0162	Correction Completed	ID Prefix AZ827	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.024(3) FAC		Reg. # 408.812. FS		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

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

, 2016

Administrator
Suany's Home
20411 Sw 116 Road
Miami, FL 33189

Dear Administrator:

This letter reports the findings of a **second** Complaint Licensure Revisit Survey conducted on
4, 2016 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 , 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(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

YOSF

