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 Survey 2nd Revisit was conducted on 01/07/16. 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 the facility failed to appoint in writing a separate Manager for each facility, the Administrator supervised two facilities
Findings included:
Record review on / / revealed that facility's Administrator supervised two facilities.
On / / at 10:06 PM the facility's Administrator stated that she hired a manager for her other location. She also stated that she will be selling the other location and will only keep Mayra's ALF.
On / / the Administrator stated she will get a Manager for Mayra's ALF until she sells the other location
Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mayra's Alf
4210 West 19 Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a **second** Standard Biennial Licensure Revisit Survey conducted on 7, 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** _____.

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

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