AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	05/04/2016
NAME OF PROVIDER OR SUPPLIER **MOTHER'S YEARS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5454 SW 145 AVENUE** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Mother's Years Inc had the following deficiencies identified at time of the survey:

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure one out of three (C) sampled staff who have completed in First Aid and .

Findings included:

Record review on at 12:00 PM found Staff C had no documentation proving she received and First Aid training.

Interview on at 2:50 PM the Administrator acknowledged that Staff C did not have the training after review of personnel file.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that one out of three (B) sampled staff had training in ( ) training.

Findings included:

Record review on showed sampled Staff B did not have documentation proving she received the training.

Interview on at 2:50 PM the Administrator acknowledged that Staff B did not have the documentation of training after review of personnel file.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview facility failed to have a menu updated and reviewed

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annually by a licensed dietician at the time of the survey.

Findings included:

Observation on at 9:15 a.m. found the facility's menu posted on dining was expired.

Record review revealed the facility's menu was expired on and it was not reviewed by a dietitian, whose licensed was expired / .

Interview on at 2:30 PM the Administrator stated, "I have the updated menu and license but it at my house."

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed updated level II background screening paperwork for two out of three (A and B) sampled staff members.

Findings included:

Record review on found Staff A's background screening on file was dated . The background screening search showed Staff's most recent screening was on .
Staff B's background screening on file was dated / 10. The background screening search showed Staff's most recent screening was on / .
Interview on at 2:45 PM the Administrator verified finding after review of the staff files.
Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to ensure all staff member are registered with the clearinghouse.

Finding included:

On of the facility's staff schedule posted had three staff members listed.

The background screening search on found the facility did not have staff members listed on the

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clearinghouse.

Interview with Administrator on at 3:10 PM, she stated she completed the form and sent it.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have an eligible background screening for one out of three (C) sampled staff members.

Findings included:

Record review on found Staff C's background screening on file was dated . The background screening search was completed but no background could be found in the database for Staff C. Record review found Staff C was listed on the staff schedule.
Interview on at 2:45 PM the Administrator verified finding after review of the staff files.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mother's Years Inc
5454 Sw 145 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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