STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942793	06/15/2016
NAME OF PROVIDER OR SUPPLIER **LA MILAGROSA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3341 SW 7 STREET** **MIAMI, FL 33135**	

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

0000 Initial Comments

A Limited Mental Health (LMH) expansion was done on . La Milagrosa Home Care Inc, license number 7534 had the following deficiencies found at the time of the survey:

L240 LMH - Licensina

Based on observation, record review and interview, the facility failed to request a Limited Mental Health (LMH) license while providing services to one or more limited mental health residents for 1 out of 14 (#1) sampled residents.
Findings included:
Observation on showed Resident # 1 in # communicating with the Administrator during the facility tour.
Record Review on showed that Resident # 1 's (admitted on /) health assessment (AHCA form 18243) dated / listed a diagnosis of Illness. Further record review showed that Resident #1 received Florida ( ) for the amount of $59.40. The record also contained a Agreement and an Annual Community Living Support plan dated .
On //16 at 1:10 PM, during the exit conference, the Administrator stated that the facility did have a limited mental health resident without having this specialty license component.
Class III

L241 LMH - Records

Based on observation, record review and interview, the facility failed to maintain and up-to date admission and discharge log that identified limited mental health (LMH) residents for one out of fourteen (#1) sampled residents:
Findings included:
Observation on showed Resident # 1 in # communicating with the Administrator during the facility tour.
Record Review on / showed that Resident # 1 's (admitted on /) health assessment (AHCA form 18243) dated / listed a diagnosis of Illness. Further record review showed that Resident #1 received Florida ( ) for the amount of $59.40. The record also contained a Agreement and an Annual Community Living Support plan dated / .
A review of the admission and discharge log showed that The facility did Resident #1' was not identified as a limited mental health (LMH) resident.
On / //16 at 1:10 PM, during the exit conference, the Administrator acknowledged that resident #1

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was not identified on the admission and discharge log. The Administrator stated "I never have (LMH) resident and I don ' t know how to do it."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Milagrosa Home
3341 Sw 7 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sb
Enclosure
XG90

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