STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	07/18/2016
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 Limited Mental Health Component Expansion Survey was conducted on / and concluded on /. Mother's Years Inc, License #10461, had the following deficiencies identified at time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have proof of a negative examination documented on an annual basis for 1 of 4 (C) sampled staff members.

Findings included:

Observations on / at 9:30 AM found Staff C was in the facility alone with residents.

Record review of staff files showed Staff C's last results were dated and expired on . There was no other documentation proving the was completed on an annual basis.

Interview on at 12:00 PM via phone with Administrator acknowledged that staff does not have proof of annual statement.

Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have a written work schedule which reflects its staffing pattern.

Findings included:

Observations on / at 9:30 AM found Staff C in the facility alone with residents.

Record review of the staff schedule posted on the wall in kitchen had three staff members listed. Staff A, B, and D were listed and Staff C was not listed on the schedule.

Interview on / at 12:00 PM the Administrator stated, "I will update the schedule and add Staff C to the schedule."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	**07/18/2016**
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)

Class III

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 Limited Mental Health componet licensure expansion 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com