

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967605	(X3) DATE SURVEY COMPLETED 06/07/2016
NAME OF PROVIDER OR SUPPLIER LA ESTACION DORADA OF MIAMI	STREET ADDRESS, CITY, STATE, ZIP CODE 1230 SW 94 AVENUE MIAMI, FL 33174	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. La Estacion Dorada of Miami License #11627 with Limited Mental Health component had the following deficiencies identified at time of the survey:

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to provide documentation ensuring that two out of five sampled Staff (#B and C) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review showed that Staff B's file (hired) did not have documentation of completed Resident rights , neglect, and : trainings.

Record review showed that Staff C's file (hired //) did not have documentation of completed elopement training.

On at 3:30 PM the Administrator verified Staff B and C did not have the trainings above.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Estacion Dorada Of Miami
1230 Sw 94 Avenue
Miami, FL 33174

Dear Administrator:

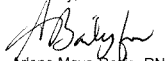
This letter reports the findings of a standard state relicensure survey that was conducted on , 2016 by representative(s) of this office.

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, RN
Field Office Manager

AMD/sb
Enclosure

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