AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966387	R 12/21/2016
NAME OF PROVIDER OR SUPPLIER **MARCIA ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5143 SW 157 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Second Survey Revisit was conducted on 12/21/16. Marcia Adult Care (AL #10575) with Limited Mental Health component had an uncorrected deficiency at the time of the survey.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that an employee that is in direct contact with mental health residents receive within 6 months after being hired a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses for one out of four sampled employees (Staff B).

Findings included:

On / at 9:00 review of the facility license revealed that the facility has limited mental health component.

On at 9:15 AM record review of Staff B's file revealed that she was hired on (8 months ago); also revealed that she had not received a minimum of 6 hours of limited mental health training.

On at 10:00 AM the Staff B stated that she had scheduled the training for but she did not go because she was too busy and she had to do other things.

Uncorrected Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Marcia Adult Care
5143 Sw 157 Court
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a **second** Standard Biennial Licensure Revisit Survey conducted on 21, 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 , 2017.**

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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