| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967433** | R / / |
| NAME OF PROVIDER OR SUPPLIER<br>**M & J QUALITY CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13231 SW 278 TERRACE**<br>**HOMESTEAD, FL 33032** | |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 01/11/17. M & J Quality Care Llc with a Standard License #11517 had the following deficiency found at the time of the survey:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967433 | R / / |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **M & J QUALITY CARE, LLC** | **13231 SW 278 TERRACE HOMESTEAD, FL 33032** |

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on observation, record review, and interview, the facility failed to register two (B and D) of five employees in the Background Screening's Clearinghouse.

Findings Include:

On / / at 10:00 AM record review showed that the facility had four employees plus the administrator working. Clearinghouse review showed that the facility had three employees registered.

On / / at 1015 AM during the interview the caregiver was explained the findings and she stated that she was going to informed it to the administrator so she could fix it as soon as possible.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
M & J Quality Care, Llc
13231 Sw 278 Terrace
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2017by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 23, 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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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