STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968365	**11/30/2018**
NAME OF PROVIDER OR SUPPLIER **MAYI'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14053 BRIARDALE LN** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial Survey was conducted at Mayi's Assisted Living Facility Incorporated on 11/30/18. Mayi's Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 12274)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide evidence of an annual negative ( ) examination for one employee (Administrator) of four sampled employees.

Findings Included:

An employee record review for the Administrator conducted on 11/30/18 revealed that the Administrator did not have documentation of an annual negative examination. The last documented examination in the Administrator's record was dated on .

During an interview with the Administrator conducted on 11/20/18 at 10:00am, the Administrator acknowledged and confirmed that the Facility did not obtain an annual documentation of freedom from .

Class III