

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/17/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967691	(X3) DATE SURVEY COMPLETED 03/07/2014
NAME OF PROVIDER OR SUPPLIER Miracle Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 8716 West Fountain Avenue Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on

The Miracle ALF had deficiencies at the time of the visit.

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

Based on interview and a review of the facility's personnel files, it was revealed that 1 of 6 Staff (Staff E) who provides direct care to residents did not have current documentation that she is free from

The last documented evidence of freedom from for Staff E was

Interview with the Administrator on at approximately 2:00 P.M. revealed that she was not aware that the staff person's statement of freedom from was over one year old.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on facility file review and interview, the facility failed to ensure that 1 of 6 staff persons reviewed holds a current training certificate in First Aid and () and is in the facility at all times (Staff B).

A review of the personnel file for Staff B revealed that his certification in First Aid and had expired on . The staffing schedule dated through listed Staff B as working Monday through Friday from 11:00 P.M. to 7:00 A.M.

An interview was conducted with the Administrator and Staff B on at approximately 2:00 P.M.. They both stated that they were not aware that Staff B's certification had expired. Staff B was scheduled to work in the facility from 11:00 P.M. on until 7:00 A.M. on , but the Administrator stated that she would work instead. The Administrator has a current training certificate in First Aid and

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2014

Administrator
Miracle ALF
8716 West Fountain Avenue
Tampa, FL 33615

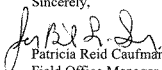
Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on January 14, 2014, 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

