

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/20/2021
NAME OF PROVIDER OR SUPPLIER HOSTAL NOSTALGIA ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 10670 SW 7 TERRACE MIAMI, FL 33174		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A Second Revisit to a COVID-19 monitoring visit and to a Biennial Re-Licensure Survey was conducted at Hostal Nostalgia ALF on 12/20/2021. A deficiency was identified at the time of survey.	{A 000}			
{A 085} SS=E	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that two out of five sampled staff (Staff C and Staff D) responsible for food service and the day-to-day supervision of food service staff obtained annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. Findings included: A review of Staff C's record showed Staff C had nutrition and food service training issued on	{A 085}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOSTAL NOSTALGIA ALF

**10670 SW 7 TERRACE
MIAMI, FL 33174**

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{A 085}	Continued From page 1 and expired on A review of Staff D's record showed Staff D had nutrition and food service training issued on and expired on On at 10:35 AM, the Administrator acknowledged the deficiency. The Administrator stated, "I'm new to this. They all need to have nutrition training, right? I will have them take the training as soon as possible if they did not take it yet." Uncorrected Class III	{A 085}		