Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968843	A. BUILDING: _____ B. WING _____	02/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY & NICO TU CASITA FELIZ ALF INC	6790 SW 16 TERR MIAMI, FL 33155

(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
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to operate within their licensed capacity. The facility exceeded their licensed capacity of six by maintaining a census of 7 residents. Findings included: During an interview on at 7AM, the administrator stated there were 7 residents at the facility. Review of the Florida Health Finder Database revealed the facility was licensed for 6 residents. Observation on at 7 AM revealed with Resident #2 and #3, with Resident #6 and #7, with Resident #1, and Room	CZ828		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ828	Continued From page 1 4 with Resident #4 and #5. Review of the admission and discharge log revealed Resident #1 was admitted on , Resident #2 was admitted on , Resident #3 was admitted on , Resident #4 was admitted on , Resident #5 was admitted on , Resident #6 was admitted on , and Resident #7 was admitted on . Review of the medication observation record (MOR) reveled medication records for Residents #1 through #7. During an interview on at 7:16 AM, the administrator stated "Resident #1 is a family member of mine. She is here because there were issues at another ALF." During an interview on at 9:35 AM, the administrator acknowledged she was over capacity. Unclassified	CZ828		

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A 000	Initial Comments A Biennial Survey was conducted at Cary & Nico Tu Casita Feliz ALF on [redacted]. Deficiencies were identified at the time of the survey.	A 000		

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