STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	07/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cascante Retirement Home, Inc	8325 Sw 37 Street Miami, FL 33155	

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

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on . Cascante Retirement Assisted Living Facility had deficiencies found at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observations, record review, and interview the assisted living facility failed to have a doctor's order for 1 out of 2 (Resident #1) sampled residents.

The findings include:

During the facility tour Resident #1 was observed self-administer concentrator.

Resident record review for sampled resident#1 revealed, the Health Assessment dated indicated the resident required assistance with self- administration medications.

Interview conducted with the facility administrator on at about 2:20 p.m. revealed that the facility did not have the doctor's order and she is going to contact the physician immediately.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cascante Retirement Home, Inc
8325 Sw 37 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ', 2013 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 after 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90