STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Marisa Ii Alf Inc	2930 Sw 114 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Hogar La 3rd Edad Corp (Casa Marisa II) had deficiencies found at the time of the survey.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the Assisted Living Facility failed to have verification of freedom from communicable including for contracted nurse.

Findings include:

1. Record review of contracted nurse revealed that verification of freedom from communicable including was done

2. Interview with administrator on at 9:50 a.m. revealed that administrator has not realized that test expired since

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the Assisted Living Facility failed to maintain updated documentation of the qualifications of nurse providing limited nursing services in the facility's personnel file.

Findings include:

1. Record review of contracted nurse revealed that nurse professional license expired on

2. Interview with administrator on at 9:50 a.m. revealed that contracted nurse professional license expired and facility did not have renew license yet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Casa Marisa II Alf Inc
2930 Sw 114 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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