STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965988	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Freire & Sotomayor Alf, Inc	2303 Sw 62 Court Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/16/2013
0009-Admissions - Admission Package-10/16/2013
0080-Training - Core & Competency Test-10/16/2013
0082-Training - / -10/16/2013
0083-Training - First Aid And -10/16/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-
0085-Training - Nutrition & Food Service-
0090-Training -
0162-Records - Resident-
L241-Lmh - Records-
L243-Lmh - Training-

Revisit Repeat Tags:
0025-Resident Care - Supervision-58a-5.0182(1) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to a Change of Ownership (CHOW) survey was performed at Casita Amor II on 16, 2013. The facility had uncorrected deficiencies identified at time of survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility still failed to keep a written record of significant changes which resulted in the provision of additional services for 1 out of 6 sample residents (#6). In addition, the facility also failed to provide supervision for its residents while on the premises.

Findings include:

I. Record review for resident # 6 on revealed that there was still no incident report found on file, no copy found on file and no progress note written explaining what happened on or when the resident was discharged from the hospital back to the facility.

Interview with owner on at 2:28 pm revealed she contacted her consultants and they told her it was too late to do anything.

II. Upon arrival at the facility on at 12:50pm a female resident answered the door. She reported all the residents were out to the program and the caregiver had gone out; explained she was waiting on her transportation to a medical appointment. The resident called the facility owner on the phone. Another woman was observed in the kitchen heating up something to eat in the microwave.

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At about 12:56pm the resident left the facility in a yellow cab.

Interview with the woman in the kitchen on at 12:53pm revealed she used to work at this facility before but not anymore. She was unable to tell me since when.

At 12:59pm a man was observed walking on the street towards the facility. Interview with this man on at 1:10pm revealed he was the caregiver. Reported that when he left, the female resident was in the facility waiting for her transportation. He left to go put money on his cell on 67 street; said he was gone for a little while only. Said he was unaware he could not leave the facility alone.

Observation of posted staffing schedule in the living at 1:17pm revealed for the week of - this male staff was scheduled from 7am to 7pm.

During interview with the facility owner at approximately 1:25pm she said this will not happen again.

Class III
UNCORRECTED

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility still failed to provide or arrange required in-service trainings within 30 days of employment for 2 out of 3 sampled employees (# B and C).

Findings include:

Personnel record review on revealed staff # B and C who provide direct care to residents were still unable to provide any documentation to prove in-service trainings within 30 days of hiring on the following:

-Staff # B (hired on) failed to provide documentation verifying a 1 hour in-service training on Incident Report.

-Staff # C (hired on) failed to provide documentation verifying a 1 hour in-service training on Resident Rights.

Interview with the owner on at approximately 1:05 pm revealed that staffs B and C were still missing the above mentioned trainings.

Class III
UNCORRECTED

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility still failed to provide prove of Limited Mental Health training

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

within 6 months of employment for 1 out of 3 sampled staff (# C).

Findings include:

Personnel record review on of staff # C (hired on) revealed that there was still not documentation to prove a 6 hours LMH training within 6 months of hiring. A confirmation receipt dated was observed for this staff for a LMH training on .

Interview with the owner on at 1:20 pm revealed the training was booked so they made the appointment for the one after.

Class III

UNCORRECTED

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Freire & Sotomayor Alf, Inc
2303 Sw 62 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a revisit survey to a Change of Ownership (CHOW) conducted on 16, 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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