STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	10/16/2013
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Owner (CHOW) Survey was conducted on , 2013. Casa Marisa II had deficiencies identified at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to submit a statement from a health care provider verifying 1 out of 3 sampled staff (#B) is free of communicable including

Findings Include:

Record review revealed that staff # B (hired on) did not have documentation from a health care provider stating staff is free of communicable including .

At 11:50 am interviewed staff # B and she stated that she is has an appointment with her doctor for a physical examination on .

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview the facility failed to ensure a staff with First Aid Training at all times in the facility.

Findings include:

Arrived to facility on at 8:45 am and was received by staff #B who was alone with the residents; administrator arrived at 9:20 am.

Record review of staff # B revealed that expires on , but there was no First Aid Training.

On at 11:50 am interview with staff # B stated that she has an appointment to take all the training's that she needs on .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	10/16/2013
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)		

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

Based on record review and interview the facility failed to provide trainings within 30 days of hiring to 1 out of 3 sampled staff.

Findings include:

Personnel record review revealed there was no documentation of staff #B beirng trained in Major/Adverse Incident Reporting as well as Activities of Daily Living (ADL)

At 11:50 am interview with staff # B stated she has an appointment to take all the trainings that she needs on

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 Change of Ownership (CHOW 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 12/12/2013 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

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