STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967916	10/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casita Alf Inc	630 Stallings Ave Deltona, FL 32738	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Survey was conducted on , 2013.
Casita ALF Inc. had Licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to have an accurate medication observation record (MOR) for 1 of 1 sampled residents, Resident #1.

The findings include:

Review of the MOR for Resident #1 revealed two discrepancies. The resident had an order for inject 35 units in the morning, then 35 units at 5 p.m. There were several days when there was a slash mark instead of an initial of a staff member. Employee A on at 11:50 a.m. was asked what that meant. He stated that the was not given. He stated there was a physician order to hold the if the sugar was below 120. However, this parameter was not on the MOR and Employee A confirmed this. There was a duplicate order for this Pen and some staff was signing both of them, others were not. So Employee A was not sure when the was actually given.

The medication bin for Resident #1 revealed a bottle of . This medication was not on the MOR at all. Employee A on at 11:30 a.m. confirmed that the resident had been receiving this medication for about a week and it was not on the MOR.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and staff interview, the facility failed to have an over the counter medication labeled with the resident's name and directions for use for 1 of 1 sampled residents, Resident #1.

The findings include:

On at 11:30 a.m., the Medication Storage for Resident #1 was observed to have an over the counter bottle of . It did not have the resident's name on it and the directions of use was unable to be read. Employee A confirmed this on at 11:30 a.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Casita ALF, Inc.
630 Stallings Avenue
Deltona, FL 32738

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative 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 **25, 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054