STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968023	01/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa De La Rosa	833 Eisenhower Blvd Lehigh Acres, FL 33974	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0121 - 58a-5.021(2) Fac - Fiscal - Accounting Procedures S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2014000075 which was completed on [redacted] at Casa De La Rosa, an Assisted Living Facility (ALF) located in Lehigh Acres, Florida.

The complaint contained 6 allegations, 2 of which were substantiated at the time of the investigation.

The following is a description of the non-compliance:

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on facility record review and staff interview, it was determined that the facility failed to ensure that Staff #3 and #5, reviewed for staffing in-service requirement, received in-service training regarding recognizing and reporting resident [redacted], neglect, and [redacted] within thirty (30) days of employment.

The findings include:

1. Review of Staff #3's training files revealed that the staff member was hired on [redacted]. The facility record lacked documentation that indicated that the staff member had received the required recognizing and reporting resident [redacted], neglect, and [redacted] training within thirty (30) days of employment.

2. Review of Staff #5's training files revealed that the staff member was hired on [redacted]. The facility record lacked documentation that indicated that the staff member had received the required recognizing and reporting resident [redacted], neglect, and [redacted] within thirty (30) days of employment.

3. During an interview conducted on [redacted] at 2:50 p.m., the Administrator stated that the training was completed however she was not able to find the training sign in sheets for Staff #3 and #5.

Class III

0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC
Based on record review and interview, the facility failed to maintain written financial records using generally accepted accounting principles for 4 (Residents #1, #2, #3 and #5) resident financial records reviewed.

The findings include:

1. Record review of Resident # 1 revealed 4 invoices all with #201310JW. The signed contract states a charge of $1734.65 per month. The invoice with description of [redacted] 2013 Residential charges was $1800.65. The [redacted] 2013 residential charge was $1734.65. It also shows payment received for $1800.65. The total at the bottom of the charges is $1771.84. There is no explanation of what the "total" is for.

The Invoice for [redacted] 2013 Residential Services is $1800.65 with a payment received of $1800.65, no dates

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of billing or receipt of charges (prior Invoice for 2013 had stated amount to be $1771.84). This same invoice has a charge for residential services of $1734.65. It also has a pharmacy charge of $37.19. Document had a total at the bottom of $1771.84 without explanation.

The invoice which includes charges for residential services states amount of $1734.65. It includes payment received of $1771.84 and additional pharmacy charges. There were no dates on the invoice for billing or receipt of payment. The total at the bottom was $1760.65 without explanation.

The invoice which includes residential services states amount of $1734.65. It includes payment received of $1734.65. This invoice also includes pharmacy charge and charge for replacement of 2 toilet seats + labor of $436.30. The total at the bottom was $2204.94 without explanation.

2. Financial record review for Resident #2 revealed a signed contract charging $2750.00 per month. The facility was able to produce 2 invoices both with the number #201310JF, both dated 2014. The 1st invoice had a balance due of $3017.80. It includes descriptions of charges for administrative fee of $250.00, residential services for $604.84, residential services for $2750.00, a payment-$ 2013 of $3354.84, an residential services 2013 for $2750.00, and prescription charges of $17.80. The Balance due states $3017.80. There were no dates of billing or dates of receipt of payment on the invoice. The facility was unable to produce any bills sent to resident showing dates of billing or statements showing receipt of money from resident with dates received. The second invoice #201310JF states balance due of $355.21 which includes a charge for prescriptions of $105.21.

Two pieces of paper were produced by the facility which stated prescription charges. The first piece of paper has charges from to with a total of "17.8". The second piece of paper stated prescription charges from to with a total of $105.21.

3. Financial record review for Resident #3 as well as review of admission discharge log revealed that the resident was admitted to the hospital. The resident's billing invoices as well as payment history was requested. The facility could not produce the documentation after repeated attempts to determine if a refund was due to the resident since she was admitted to the hospital during the month.

4. Financial Record review of Resident #5 revealed 4 invoices, 2 with number #201310CR and 2 with #201311CR. The invoices State Previous Balance, Payment, Prescriptions and Monthly charges for and of $3000.00 each month. There were no billing dates or dates payment was received on the invoices.

5. During an interview on at approximately 4:15 p.m., the Administrator revealed she had no copies of bills sent out or receipts of payment from residents. She did produce bank statements from Bank of America with deposits listed with dates, she wrote next to each deposit which resident had paid that amount but there is no other documentation she can produce to show when payment was made. She stated, "So I'm not an accountant this is what they paid, you can see it on my deposits, I wrote down next to each deposit who the money came from for you."

The facility was unable to produce any written business records using generally accepted accounting procedures for documentation of billing and receipt of payments.

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Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on facility record review and staff interview, the facility failed to ensure that the facility maintained the facility written work schedules and staff time sheets as required.

The findings include:

The survey team had requested the last 6 months of schedules and time sheets to determine what days various staff members had started or who worked during the last 6 months.

During an interview conducted on . . . . at 3:30 p.m., the Administrator stated that she was not able to locate the last 6 months of staffing schedules.

Class . .

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on facility record review and staff interview it was determined that the facility failed to ensure 1 (Staff #1) facility staff that was reviewed for staffing met the Level 2 background screening requirement.

The findings include:

Review of Staff #'5 training files indicated that the staff member was hired on . . . . . The facility record lacked documentation that indicated that the facility had obtained a Level 2 background screening prior to working. Staff #5's personnel file revealed she was not eligible until . . . . . .

During an interview on . . . . at 1:10 p.m., the Administrator stated that she thought it was done within the specified time frame.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Casa De La Rosa
833 Eisenhower Blvd
Lehigh Acres, FL 33974

Re: CCR #2014000075

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 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 , 2014 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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