

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964602	(X3) DATE SURVEY COMPLETED 01/08/2014
NAME OF PROVIDER OR SUPPLIER Casita Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 13562 Sw 38 Lane Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Survey was conducted on 01/08/2014. Casita ALF had deficiencies at time of survey.

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

Based on record review and interview the facility's personnel records did not include evidence of freedom from communicable including for 2 out of 3 (b. and c.) sampled staff.

Findings include:

Tour conducted on 01/08/2014 sampled staff b. and c. were observed in the facility assisting residents with ambulating, transfer, and preparing the residents meals.

Facility's record review on 01/08/2014 revealed that sampled staff b. (hire date 01/08/2014) and sample staff c. (hire date 01/08/2014) records did not have any documentation verifying proof of freedom from communicable including

On 01/08/2014 at 11:59 a.m. staff a. administrator stated; " I will call make the appointment with the doctor and have it done as soon as possible. "

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casita Alf
13562 Sw 38 Lane
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

