STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965387	04/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Dulce Corazon Inc	11475 Quail Roost Drive Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit for a standard Biennial survey was conducted on , 2014. Casa Dulce Corazon had the following deficiencies.

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a power of attorney for 1 of 2 (#1) sample residents.

Findings as follow:

Record review documented that resident #1's (admitted on) contract was signed by the resident's family member. Further review revealed there was no documentation of the resident's family member having a completed power of attorney granting them the authority.

Interview with the administrator on at about 11:30 a.m., the administrator (staff #1) stated resident's #1 contract was signed by a relative of resident #1. The facility administrator also stated the facility failed to have a power of attorney for resident #1.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record review and interview the facility failed to have a mental health assessment, annual community support plan and agreement for 1 of 3 Limited Mental Health residents (#5).

Findings as follow:

Record review documented residents #5 (admitted /) had a Diagnoses of . Further review revealed the facility failed to have a mental health assessment, annual community support plan and a agreement for residents #5.

On at about 12:00 noon the facility administrator (staff #1) stated the facility failed to have the above mentioned documents for the Limited Mental Health resident #5.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casa Dulce Corazon Inc
11475 Quail Roost Drive
Miami, FL 33157

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 , 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(s). Should you have any questions please call Kristal Branton at 305-593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure
XG90

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