STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967199	06/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Bonita Alf Llc	931 Ne 17 Terrace Homestead, FL 33033	
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

Specific Tag Findings:

0000-Initial Comments

An Change of Ownership Survey was conducted on . Casa Bonita Assisted Living Facility had the following deficiencies.

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

Based on record review and interview the facility failed to document freedom from communicable including on annual basis in 2 of 4 (#1 and #3) facility staff.

FFindings as follow:

Record review documented the facility failed to have documentation of freedom from communicable including , on annual basis, for staff #1 (facility administrator hired on) and staff #3 (hired on). The last freedom from communicable including for staff #3 was dated

At about 11:30 a.m. the facility administrator (staff #1) confirmed the facility failed to have the freedom from communicable on annual basis for staff #1 and #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casa Bonita Alf Llc
931 Ne 17 Terrace
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a state standard biennial 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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