| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968250 | 06/23/2014 |
| NAME OF PROVIDER OR SUPPLIER<br>**Calvinelle South Assisted Living Facility Inc** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1750 Nw 41 Street Miami, FL 33142** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial survey was conducted on . Calville South Assisted Living Facility had deficiencies found at the time of the visit.

**L241-LMH - Records 58A-5.029(2) FAC**

Based on record review and staff interview the facility failed to ensure that a current Community Living Support Plan and Agreement was provided for 1 out 7 of sampled residents (Resident #5). The facility failed to update the community living support plan for 2 out 7 (Resident #2 and #7, limited mental health residents.

The findings include:

Resident record review for sampled Resident #5 (admitted on ) revealed the Health Assessment (dated ) indicated the resident was diagnosed with by the physician. Further review revealed there was no Community Living Support Plan and Agreement on file for review.

Resident record review for sampled Resident #2 (admitted on )revealed the Health Assessment (dated ) indicated the resident was diagnosed by the physician. The last Annual Community Living Support Plan done was on .

Resident record review for sampled Resident #7 (admitted on ) revealed the Health Assessment (dated ) indicated the resident was diagnosed type by the physician. The last Annual Community Living Support Plan done was on .

On at about 5:00 pm the administrator confirmed that Resident #5 did not have Community Living Support Plan and Agreement on file for review and the Community Living Support Plan for Resident #2 and #7 was not updated.

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Calvinelle South Assisted Living Facility Inc
1750 Nw 41 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a standard biennial 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,

Kristal Branton for

Arlene Mayo- Davis
Field Office Manager

AMD:kb
Enclosure
XG90

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