

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966299	(X3) DATE SURVEY COMPLETED 07/15/2014
NAME OF PROVIDER OR SUPPLIER Casa Llanes II	STREET ADDRESS, CITY, STATE, ZIP CODE 374 East 50 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on [redacted], 2014. Casa Llanes II had deficiencies identified at the time of survey.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure that the manager completed the CORE competency test with a passing score with 90 days of employment.

Findings include:

Record review found that the facility's manager was hired on [redacted]. Record review found that after 90 of employment the manager did not have any documentation that he successfully passed the CORE competency test.

Interview with the manager on [redacted] at 4:06 p.m. revealed that he was the manager and he had not taken the test.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casa Llanes II
374 East 50 Street
Hialeah, FL 33013

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida