

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967407	(X3) DATE SURVEY COMPLETED 08/12/2014
NAME OF PROVIDER OR SUPPLIER Hostal Nostalgia Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 10670 Sw 7 Terrace Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on / / . Hostal Nostalgia Assisted Living Facility Home had deficiencies found at the time of the visit.

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

Based on record review, and interview, the facility failed to have a weight record every six months for 1 out 2 sampled residents (Resident #1).

The findings include:

Resident #1's record review documented she was admitted in the facility on / / . The health assessment done on / / indicated the resident needed assistance with ambulation and there was no documentation of a weight record every six months.

During an interview on / / at 3:00 PM, the facility caregiver reported the facility did not have a weight record every six months for Resident #1.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review, and interview, the facility failed to maintain documentation of at least 3 hours training of Limited Mental Health continuing education for 2 out 5 facility staff (Staff A and E).

The findings include:

Facility record review for Staff A and E demonstrated it did not contain documentation of a minimum of at least 3 hours training of Limited Mental Health continuing education.

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Interview on / at 3:00 PM, with the facility caregiver it was reported Staff A and E had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class: III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hostal Nostalgia Alf
10670 SW 7th Terrace
Miami, FL 33174

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Arlene Mayo-Davis
Field Office Manager

and
Enclosure

XG90

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