STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964602	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casita Alf	13562 Sw 38 Lane Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR#2014009479) Investigation survey was conducted on Casita ALF had the following deficiency identified at the time of the survey:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review, interview, and observation the facility failed to have completed health assessments for 1 out of 7 (#1) sampled residents. The facility also failed to ensure that 2 out of 7 (#1 and #4) sampled residents health assessments was completed with significant changes in activities of daily living levels and care documented.

Findings included:

1. Record review revealed that resident #1's last health assessment was dated . Section (B) special diet instructions were left blank. Section (C) was checked No for questions 1-5 which included information regarding care. Further review of resident #1's chart found a prescription for care dated . The care nurse documented that resident #1 received care from to (during the time the health assessment was completed).

Record review revealed that resident #4's last health assessment dated stated that she needed total care with activities of daily living.

2. Observation of resident #4 on she was observed sitting in her a chair and brushing her hair. She was observed walking with her walker to exit her assists from staff. The staff assisted her from the doorway to the other part of the facility's community area. The resident was observed sitting at the table feeding herself during lunchtime and when she needed to go to the , she was assisted by the staff. Resident was observed walking form one area of the facility to another sometimes without the assistance of staff members. She sat at the table with the rest of the residents for group activities, coloring/arts and crafts.

3. Interview with resident #4 on , she stated oh yes I can do everything for myself.

Interviewed the administrator on at 4:00 pm, she stated she did not know why resident #4's health assessment stated total care. The administrator stated that she will have all of the residents charts reviewed and will contact the doctors to perform a face to face examination to ensure all residents are given the correct diagnosis for their services while living at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casita Alf
13562 Sw 38 Lane
Miami, FL 33175

RE: CCR #2014009479

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

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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