STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966299	11/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Llanes Ii	374 East 50 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0080-Training - Core & Competency Test-11/24/2014

Revisit Repeat Tags:

Revisit New Tags:
0092-Food Service - General Responsibilities-58a-5.020(1) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on 11-24-14. Casa Llanes II ALF had the following deficiency found at time of survey.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on record review and interview, the facility failed to ensure 1 out of 1 sampled employee are trained in the areas for Nutrition and Safe Food Handling.

Findings includes:

Record review showed Employee A. (Manager, started on) did not have documentation of being trained in the areas for Nutition and Safe Food Handling.

Interview with the owners son on - at 10:00 am, he confirmed the findings in regards to the new manager of the facility did not have her training from a licensed dietitian in her file at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . _, 2014

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than _ |, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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