STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966845	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa De Paz Alf, Inc	9360 Sw 24 Street Miami, FL 33165	
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
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Casa De Paz Assisted Living Facility had the following deficiencies found at the time of the visit.

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

Based on observation record review and interview facility failed to two out of six residents health assessments were updated to the current time periods and signed and dated on the day of the actual face to face.

Findings includes:

Observation of resident #1 during the entire survey on at 9:00 am, the resident was sitting in the community across from me the entire survey, she was observed coughing a lot because she had a slight but was taking medications for the . The resident was asleep for a short moment until her daughter in law arrived to visit her and her mother at the facility. The resident was not in total care services, she was not bedridden. The resident was observed watching TV when she finally woke up. she was very talkative with her daughter in law. The resident was observed during mealtime (lunch) was able to feed herself and could be transferred to her wheelchair with assistance and to and from the table.

Record review revealed that resident 1's health assessment (completed) assessed the resident as needing total care services with all activities of daily living, a puree diet with nectal thick liquids. Section C. for 1-5 stated that the resident was 2. Bedridden/5. Required 24 hour nursing or care both were checked (YES). In section D. on page (2) stated yes in the professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or facility checked (YES). Comments stated Needed supervision due to .

Interview with resident#1's daughter in law on at 11:00 am during her visit to see her mother and mother in law who are both residents at the same facility. She stated that her mother had a recent sometime ago and her mother in law s not bedridden or under any of those services stated on the health assessment at this time.

Record review for resident #5's heath assessment did not have the facility's name, address and phone number or contact person. on page 4 of the form the doctor did not have his name, signature, medical license, address and phone number and last there was not any date for the examination on the form.

Interview with tthe administrator on at 3:00 pm, she confirmed the findings in regards to the residents health assessments were not up to date and needed to have a face to face with a physician and dates of the

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examinations and areas were not completed as needed.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review and interview facility failed to have 3 out of 4 sampled receive training in assistance with self-administration of medication on an annual basis.

Findings includes:

Record review showed Employee A (administrator) last training in assistance with self-administration of medicatio. was on . Employee B. caretaker's last dated medication training was dated and employee C. caretaker, last medication training on dated .

Interview with the administrator on , she confirmed that they all did not have their medication updates at the time of the survey.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to ensure 3 out 4 sampled employees have documentation of a negative examination on an annual basis.

Findings includes:

Record review showed that employee A (administrator started on) last examination was done on , employee B (caretaker started on) her last examination was done and employee C (caretaker started on) did not documentation of a negative examination.

Interview with the administrator on at 3:00 pm, she confirmed all three employees did not have documentation of a negative examination.

Class III

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

Based on record review and interview facility failed to ensure the administrator complete 12 hours of continuing education on an annual basis..

Findings includes:

Record review showed that employee A (administrator started on) did not have her 12 hours of continuing education in topics related to assisted living.

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Interview with the administrate on . . at 3:00 pm confirmed she did nit complete the 12 hours of required continuing education and would set up an appointment for the training hours she needed in that area.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview facility failed to have 1 out of 4 sampled employees to have her updated nutrition and safe food handling training in her file at the time of the survey.

Findings includes:

Record review showed that employee D (caretaker started on) did not receive training in nutrition and safe food handling.

Interview with the administrator on at 3: 00 pm, she confirmed employee D caretaker did not have her up to date training in the areas for nutrition and safe food handling .

Class III

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

Based on record review and interview, the facility failed to have 3 out 4 employees receive continuing education in Limited Mental Health. .

Findings includes:

Record review showed that employees A (administrator) last received the training on . Further review showed employee B(caretaker who started on .) and C (caretaker started on .) did not have documentation of being trained in Limited Mental Health.

Interview with administrator on at 3:30 pm, she confirmed the employees did not receive training in Limited Mental Health

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2014

Administrator
Casa De Paz Alf, Inc
9360 Sw 24 Street
Miami, FL 33165

RE: CCR #

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 10, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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