STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964407	**01/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Llanes Alf, Inc	**5861 E 4th Avenue Hialeah, FL 33013**	
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Casa Llanes ALF had deficiencies at time of survey.

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

Based on observation, record review and interview facility failed to make sure that as part of the continuing residency criteria a resident undergoes a face to face medical examination by a health care provider after a significant change for 1 out of 2 sampled residents (#1)

Findings included:

During tour of the facility observed resident #1 lying in bed.

Resident record review revealed that last health assessment was conducted on and resident was able to perform the activities of daily living with assistance. Resident was placed in hospice on .

Caregiver A stated on , 2015 at 10:05 am: "She is not able to do anything on her own anymore; we have to do everything for her. At this time resident requires total assistance with her ADL's."

Class III

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

Based on record review and interview facility failed to provide evidence of negative statement for Registered Nurse contracted by facility to provide limited nursing services as needed.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last test was conducted on .

On , 2015 at 10:15 am facility co-owner stated: "We have to renew the nurse contract and get her new documentation."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casa Llanes Alf, Inc
5861 E 4th Avenue
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey that was conducted on , 2015 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 Evalautor Supervisor at (305) 593-3100.

Sincerely,

Arlene Matyo-Davis, RN
Field Office Manafer

AMD:kb
Enclosure
XG90

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