STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	03/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Marisa Ii Alf Inc	2930 Sw 114 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

An standard biennial survey was made on . Casa Marisa II ALF Inc had the following deficiencies at the time of visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to honor residents rights.

Findings as follow:

Observation on at 7:45 a.m, residents #1 (male) and #2 (female) was observed sharing #1. Both residents were receieving hospice services. There was observed the not provide privacy to each resident when they are assisted with bath in bed.

On at 7:45 a.m. staff C (caretaker) stated residents #1 and #2 were not related.
On at 7:55 a.m. resident #1 stated was not related to resident #2.

On at 11:00 a.m. the facility administrator stated residents #1 and #2 are not related and facility failed to respect residents rights by placing residents #1 and #2 in the same .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review and interview the facility failed to have 1 out of 4 (Staff C) trainined in assisting residents with self administration of medications.

Findings as follow:

On at 11:30 a.m. it was observed staff C (hired on) assisting resident #3 with self administration of medications.
Record review documented the facility failed to have documentation of the assisting with self administration training for staff C.
On at 11:50 a.m. the facility administrator stated Staff C passed the training but documentation of it was

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misplaced.

Class III

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

Based on record review and interview the facility failed to have documentation of 1 out of 2 (#2) sample residents' contract.

Findings as follow:

Record review documented the facility failed to have a Contract executed between the facility and resident #2 and also failed to have the Consent for the use of bedrails.
On at 11:00 a.m. the facility administrator stated the facility failed to have the Contract and the consent to use the bedrails, signed, due to resident has a Guardian that has failed to come and sign the documents.

Class III

0181-Emergency Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an Emegency Management Plan submitted and approved on annual basis.

Findings as follow:

Record review documented the facility last emergency management plan was approved on .
On at 11:30 a.m. stated the facility failed submit the Emergency Management Plan on annual basis. Adding that the last emergency manageent plan approved was on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2015

Administrator
Casa Marisa Ii Alf Inc
2930 Sw 114 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial 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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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