STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942941	**03/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CASA MARISA ALF INC	**7435 SW 23 STREET MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Casa Marisa ALF., Inc. had the following deficiencies found at the time of the survey:

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

Based on observation, record review, and interview, the facility failed to ensure 1 out of 3 (Staff C) sampled staff to update 2 hours of continue education training for assistance with self-administration of medication.

Findings included:

On at 11:30 AM record review revealed that Staff C hired on (/) did not update the required annual 2 hours for assistance with self-administration of medication training. The last documented training was dated / /.

On at 2:00 PM during the interview with administrator revealed that Staff C assists residents with self-administration of medication. She stated that she did the training already but she was just waiting for the certificate.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 1 out of 3 sampled employee (Staff B.) has received the 6/hours initial training for Limited Mental Health training but had expired the 3/hours of continued education every two years was expired.

Findings included:

On at 11:30 AM record reviewed of Staff B. (hire date) revealed that the staff did not have 3/hours of continued education every two years in file. The last documented training was dated / /.

On at 2:00 PM the administrator acknowledged the findings and stated, "I have to schedule him for the next training."

Class III

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Casa Marisa Alf Inc
7435 Sw 23 Street
Miami, FL 33155

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 Evalautor Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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