STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965019	**04/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CASANOVA ALF	**1131 WEST 53RD TERRACE HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Casanova ALF with Limited Nursing Services component had deficiencies at time of survey.

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

Based on record review and interview facility failed to honor residents rights regarding the use of side rails for 1 out of 2 sampled residents (# 1).

Finding included:

During tour of the facility on observed resident # 1 laying in bed in # with full side rails up.

Record review of resident # 1 revealed that resident # 1 is receiving hospice services. Also revealed that there was no physician order and no consent for use of full side rail. There was a consent for half side rail.

On at 9:45 am facility administrator notified the nurse from hospice that there was no physician order for use of full side rail inside hospice's record; she also stated that she will contact the resident's family to get a consent for full side rail.

Class III

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

Based on record review and interview facility failed to provide evidence of a negative statement on an annual basis for Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

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

On at 10:10 am facility administrator stated that she will make sure that the nurse brings the new test results as soon as the nurse has it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Casanova Alf
1131 West 53rd Terrace
Hialeah, FL 33012

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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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