STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965204	04/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RAFFA CORP	13961 SW 75 STREET MIAMI, FL 33183	

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. Raffa Corp with Limited Nursing Services and Limited Mental Health had the following deficiencies found at time of survey:

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

Based on record review and interview, the Assisted Living Facility failed to have evidence that the Registered Nurse had evidence of a negative examination documented on an annual basis for Registered Nurse.

Findings included:

Review of Registered Nurse's filed revealed that Registered Nurse had a limited nursing services agreement with the Assisted Living Facility dated and signed on / / but there was no evidence of a negative examination.

In an interview with the Administrator on at 1:50 PM revealed that facility did not have evidence that the Registered Nurse had an statement of free of .

Phone interview with the Registered Nurse on at 2:31 PM revealed that the Registered Nurse will provide the documentation that facility needed.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to have at least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility as well as to maintain an accurate written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observation on at 12:50 PM revealed that Caregiver_A was alone in the facility responsible for five residents and a day care participant.

In an interview with Caregiver_A on at 12:53 PM revealed that her name was the name provided for Caregiver_B.

In an interview with Caregiver_A on at 12:55 PM revealed that Caregiver_B' s last name was her second last name, her actual last name was Caregiver_B's last name.

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SUMMARY STATEMENT OF DEFICIENCIES
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0079 Continued From page 1

Reviewed of Caregiver_A ' s ID revealed that Caregiver_A ' s name did not match with Caregiver_B's last name.

In an interviewed with Caregiver_A on at 1:02 PM stated "I did not which last name was in my id because I fixed my last name."

Reviewed of facility's schedule revealed that Caregiver_C was on schedule to work 7 AM-7 PM, Caregiver_D was on schedule to work 7 PM-7 AM and Caregiver_E was on schedule to work on call.

In an interviewed with Caregiver_A on at 1:24 PM revealed that Caregiver_C did not longer work in the facility.

In an interview with the Administrator on at 1:37 PM revealed that Caregiver_A started working yesterday.

Observation on at 1:07 PM revealed that there was a locked cabinet in the Florida .

In an interviewed with caregiver_A on at 1:06 PM stated "I do not have access to residents' record, Administrator did."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to have evidence that 2 of 7 (Caregiver_A and the Registered Nurse) staff had evidence of a completed level 2 background screening.

Findings include:

Observation on at 12:50 PM revealed that caregiver_A was alone in the facility responsible for five residents and a day care participant.

There was no evidence in the facility that Caregiver_A had a background screening results.
Agency for Health Care Administration background screening site revealed that Caregiver_A was eligible dated .

In an interview with the Administrator on at 1:30 PM revealed that facility did not have evidence of background screening because printer did not have ink. In an interview with the Administrator on at 1:37 PM revealed that Caregiver_A started working yesterday.

Review of Registered Nurse's filed revealed that Registered Nurse had a limited nursing services agreement with the Assisted Living Facility dated and signed on / / but there was no evidence in the facility that Registered

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SUMMARY STATEMENT OF DEFICIENCIES
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0161 Continued From page 2

Nurse had a background screening results. Agency for Health Care Administration background screening site revealed that Registered Nurse was eligible dated .

Phone interview with the Registered Nurse on at 2:31 PM revealed that Registered Nurse will provide the documentation that facility needed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Raffa Corp
13961 Sw 75 Street
Miami, FL 33183

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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