STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965019	06/24/2015
NAME OF PROVIDER OR SUPPLIER CASANOVA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 WEST 53RD TERRACE HIALEAH, FL 33012	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on ,2015. Casanova ALF with Limited Nursing Services (LNS) component had the following deficiencies at time of survey.

0008 Admissions - Health Assessment

Based on record review and interview facility filed to have a Residents health assessment face to face to be correct on what services the Resident needed to live at the facility.

Findings included:
1. Record review revealed that in the section for the Resident (#2) diagnosis stated (see attachment), in the special precautions area both boxes were left blank for the elopement risk. On page number two section C. number five, resident would require 24 hour nursing or care and was marked (Y for Yes). Section D. In the doctor's professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or facility? (Was marked No). This health assessment was signed and dated by the Doctor.

2. Interviewed Administrator on at 4:00 PM, she stated that the health assessment was completely wrong for Resident #2'. Administrator stated that Resident #2 did not need to be supervised or monitored for a 24 hour nursing or for care services at any time since living at the facility. The Administrator stated that the Resident need to have new health assessment with a face to face with a doctor.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to ensure one out of six sampled residents to have a physician order as well as a signed consent for half bed rails.

Findings included:

1. Record review revealed that Resident #4 did not have any documentation giving consent for the use of half bed rails on her bed nor did the resident have a up to date prescription in the chart for half bed rails. The last date for the half bed rails was dated on .

2. Interview with the Administrator on at 4:30 PM in regards to Resident #4 not having consent

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SUMMARY STATEMENT OF DEFICIENCIES
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to have half bed rails on her bed nor did the resident have a up to date prescription in the chart for half bed rails. The last date for the half bed rails was dated on - . The Administrator confirmed the findings.

Class III

0077 Staffing Standards - Administrators

Based on record review facility failed to ensure the appointed manager not serve as an administrator for any other facility.

Findings included:

1. Record review revealed that Employee B (Manager started on /) serves as the manager of the two of the facility's sister facilities as well as the administrator of an assisted living facility.

2. Interview with the Administrator on at 4:00 PM, confirmed the manager was an Administrator at one of their sister facility's and an Manager at another both at the same time.

Class III

0078 Staffing Standards - Staff

Based on record review and interview facility failed to ensure one out of five employes have a written statement documenting the staff member does not have any sign or sympton of communicable as well as one out of five employee have a negative examination on an annual basis.

Findings included:

1. Record review revealed that Employee C. (live in staff member, started on /), did not any documentation stating they do not have any sign or symptons within 30 days of employment. Employee E. (Registered Nurse started on) las documentation of negative exmainationn was dated

2. Interview with Administrator on at 3:00 pm confirmed the staff needed the verifying documentation.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0085 Training - Nutrition & Food Service

Based on record review and interview facility failed to have one out five sampled employees did not have training in the areas for Nutrition and Safe Food Handling in the employee file at the time of the survey.

Findings included:

1. Record review revealed that Employee C. (live in staff member, started on / /). Reviewing this Employee file revealed there was not any documentation showing she had any training in the areas for Nutrition and Safe Food Handling.

2. Interview with Administrator on at 3:00 pm in regards to Employee C. (Caretaker) who did not have any documentation in her file stating to have been trained for Nutrition and Safe Food Handling. The Administrator confirmed the findings that Employee C did not have the training in that area at the time of the survey.

Class III

0167 Resident Contracts

Based on record review and interview facility failed to have one out of six sampled Residents to have a signed contract by a POA (Power of Attorney/Guardian/Surrogate) in the chart at the time of the survey.

Findings included:

1. Record review revealed that Resident #2 did not have any documentation in her chart giving anyone the right to sign any of her legal paperwork without having a POA (Power of Attorney/Guardian/Surrogate). The Residents family member has been signing the Residents contract and other documentation without either of these documents since being admitted to the facility on .

2. Interviewed Administrator on at 4:30 PM in regards to Resident #2's contracts and other documentation in her chart has been signed by a family member who at this time did not have the legal right to sign any documents in the residents chart without a POA (Power of Attorney/Guardian/Surrogate documents) giving any one the permission to sign those documents. The Administrator confirmed the findings.

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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 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Kristal Branton

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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