State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965360	A. Building B. Wing	7/28/2015

Name of Facility	Street Address, City, State, Zip Code
CASANOVA ALF #3	2461 WEST 72ND PLACE HIALEAH, FL 33010

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	Correction Completed	ID Prefix **A0085** Reg. # **58A-5.0191(6) FAC** LSC	Correction Completed	ID Prefix **A0086** Reg. # **58A-5.0191(9) FAC** LSC	Correction Completed
ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	Correction Completed	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed	ID Prefix **A0167** Reg. # **58A-5.025 FAC** LSC	Correction Completed
ID Prefix **AL242** Reg. # **429.075(2) FS; 58A-5.029(3** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 08/10/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965360	R
NAME OF PROVIDER OR SUPPLIER **CASANOVA ALF #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **2461 WEST 72ND PLACE** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial Survey Revisit was conducted on 07/28/15. Casanova #3 had the following deficiencies found at time of survey:

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to have two managers at more than one facility at one time.

Findings included:

1. Record review revealed that Employee B (Manager started on |-) at one of it's sister Assisted Living Facility's named Casanova #3 which he is still the Manager at this time. Further investigation has showed that the same Manager has a position at another sister ALF as the Administrator for Casanova #4 licensed # 9601. The rule states you cannot be an Administrator at one facility and an Manager at another under the same establishment.

2. Interview with the administrator confirmed the manager was also the manager of their sister facility and the administrator of another facility.

Class III

UN-Corrected

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casanova Alf #3
2461 West 72nd Place
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Standard Biennial Revisit Survey conducted on 28, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com