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 Second Revisit Survey was conducted on 29, 2015. Casanova ALF #3 had the following deficiency identified at time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview facility STILL failed to have two managers at more than one facility at one time (three facilities).

Findings included:

Review of agency database on / at 2:00 PM shows the Administrator has three facilities Casanova ALF, Casanova ALF #2, Casanova ALF #3.

Record review on revealed the Administrator STILL does not have a manager appointed to one of her second facilities. There is only one manager appointed for a total of three facilities which she manages.

Interview conducted at 2:00 PM with the Administrator states and confirms, " I have a manager for facility #3 but I do not have any managers for the other two facilities. I had my son but he is the Administrator of another facility."

Class III

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 Second Standard Biennial Survey Revisit conducted on 29, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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