STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965318	10/08/2015
NAME OF PROVIDER OR SUPPLIER **CASANOVA ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **5750 NW 118 STREET** **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 #2 with Limited Nursing Services component had the following deficiencies :

0025 Resident Care - Supervision

Based on observation, record review and interview facility failed to have written documentation of three out of five (# 1, 2 and 5) sampled Residents significant changes.
Findings included:
Observation on / at 9:00 am revealed four residents in the facility.
Record review of the Admission and Discharge log found five residents listed on the log.
Interview on at 10:25 am, the Manager and Administrator stated, "There are five Residents living in the facility; however, Resident #5 is hospitalized. "
Record review on revealed Resident #5's progress notes were blank and did not reflect any information regarding Resident #5 hospitalization
Record review on revealed Residents 1 and 2 had lost weight.
Record review on revealed Residents 1 and 2's progress notes had no documentation of the resident's physician being contacted in regards to the residents weight lost.
Interview on at 11:00 am revealed Administrator confirmed, " Resident's weight lost is because the diet is low in salt and low in ; however, I ask the doctor for the loss of weight in Residents 1 and 2, and he explained it was part also of their health condition. Moreover, I forget to write the information in their file. This also happens with Resident #5 hospitalization, I forget to write the information in the progress notes. "

Class III

0026 Resident Care - Social & Leisure Activities

Based on record review and interview the facility failed to ensure an updated activity schedule displaced on board.
Findings included:
Record review on / at 9:10 am revealed the facility's posted activity schedule was dated , 2015. Further record review on revealed facility did not have an updated activity scheduled in file at time of survey.
During an interview on , the Administrator acknowledged activity schedule was not updated at time of survey.

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Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of five (1) sampled residents.

Findings included:

Observation on at 12:10 pm revealed Staff B put the medication (0.5 mg) intodirectly Resident #1's mouth . Resident #1 took the pill out of her mouth (with her hands), and Staff B took the medication back (this time with a spoon) into Resident #1's mouth. This procedure was repeated several times (3) until she swallow it with the meal.

Observation on at 12:10 pm revealed Staff B did not explain the procedure of the medication to Resident #1. Also, Staff B signed (initialized) the Medication Observation Record before provide the medication to Resident #1 as given.

Interview on at 12:15 pm revealed Administrator acknowledged that the assistance with self-administration of medications was wrong.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to designate a manager for ad administrator who serve as an administrator of another facility.

Findings included:

Record review on revealed Facility Finder reflected current Administrator appointed for three facilities as Administrator :
Casanova ALF Corp
Casanova ALF #2
Casanova ALF #3
Interview on ../ at 9:43 am the Administrator stated, " Staff A is the facility's Manager. "
Record review on ../ revealed Facility Finder also revealed current Manager of Casanova ALF #2 was appointed as Administrator for Casanova ALF #4.

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Interview on at 2:43 pm revealed Administrator confirmed, " Yes, there are four facilities (Casanova ALF); I am the Administrator of three facilities, and I have two Manager designated in two of them. However, There is a fourth facility (Casanova ALF #4) in which Staff A (Casanova ALF #2 s Manager) is assigned as Administrator. "
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to provide a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices on an annual basis for two out of five sampled employees.

Findings included:

Record review on / revealed the Administrator and Manager did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file a time of survey.

During an interview on at 1:30 PM Administrator acknowledged that they did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file at time of survey.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a safe living environment for residents.

Findings Included:

Observation during tour on at 9:10 am revealed the was peeling, the toilet seat needed to be replaced and the air conditioner vent needed to be cleaned.

During an interview on at 9:20 am the Manger stated, "I also noticed that the to be painted and to change the toilet seat. "

Class III

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0162 Records - Resident

Based on record review and interview the facility failed to have weight information indicated on health assessment (AHCA's 1823 Form)for one out five (#1) sampled Residents.

Findings including:

Record review on revealed Resident #1's health assessment (dated on /) weight information was not indicated.

Interview on / at 1:20 pm revealed Administrator acknowledging that Resident #1 needed to have her weight information reflected on her health assessment, too.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casanova Alf #2
5750 Nw 118 Street
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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2014.** 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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