

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965803	(X3) DATE SURVEY COMPLETED 11/09/2015
NAME OF PROVIDER OR SUPPLIER LA ROSA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7865 WEST 5TH COURT HIALEAH, FL 33014	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 11/09/2015. La Rosa ALF, Inc. with Limited Mental Health had deficiencies identified at time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview the administrator that administers 2 facilities failed to appoint in writing a manager for surveyed facility.

Findings included:

Review of Facility Finder website revealed that the administrator administers 2 facilities.

Administrator stated on interview on 11/09/2015 at 10:00 am that she administers 2 facilities and that she had never been cited for not having a manager until she was recently cited in her other facility. She also stated that her mother took the CORE training but was not able to pass the test and that she will try once again to take the CORE test.

Class III

L243 LMH - Training

Based on record review and interview facility failed to ensure that staff that are in direct contact with mental health residents and took the initial 6 hours training in limited mental health complete a minimum of 3 hours of continuing education related to their duties for 2 out of 3 sampled employees (A and C).

Findings included:

Record review of employees revealed that employees A (hired on 11/09/2015) and C (hired on 11/09/2015) had their 3 hours Limited Mental Health training dated on 11/09/2015 and expired on 11/09/2015.

Administrator stated on 11/09/2015 at 10:30 am that she will make sure that employees A (herself) and C receive a 3 hours of continuing education in limited mental health topics.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2015

Administrator
La Rosa Alf Inc
7865 West 5th Court
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 9, 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 September 15, 2016.** 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

jcj
Enclosure

XG90

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