STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942771	02/11/2016
NAME OF PROVIDER OR SUPPLIER **CALUSA ADULT CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **13871 SW 112 STREET** **MIAMI, FL 33186**	

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

0000 Initial Comments

A Biennial Survey was conducted on / . Calusa Adult Care 1 had the following deficiencies at the time of the visit:

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to provide documentation that have 2 out of 6 Staff (Staff D and F), who assist with self administration of medications, obtain 2 hours continuing educationin assisting residents with self administration of medications.

Findings as follow:

Record review documented the facility failed to have Staff D and Staff E trained in assisting residents with self administration of medications, 2 hours continuing education.

Record review showed the last medication training for Staff D and E was dated / .

On / at 11:55 a.m. the facility administrator acknowledge the facility failed to have Staff D and E trained in assisting with self administration of medication, 2 hour continuing education.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 3 out of 13 facility residents (Residents #2, #3 and #4) .

Findings:

Record review documented the Contracts of residents #2 (Contract date: /), Resident #3 (Contract Date:) and Resident #4 (Contract Date:) were signed by a family member.

Record review revealed that the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Residents #2, #3 and #4.

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SUMMARY STATEMENT OF DEFICIENCIES
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On I/_ _ at 11:50 a.m. the facility Administrator acknowledge that the Contracts for residents #2, #3 and #4 were signed by family members and the facility had no documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for those residents.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have an eligible Level 2 background screening done every 5 years, for 1 out of 6 facility staff (Staff # E) .

Findings as follow:

A review of the personnel record revealed that the last background screening for Staff E (hired on) was dated .

A review of the AHCA Background Screening Database showed that Staff # E required a new screening.

On I/ the facility Administrator acknowledged that Staff # E required a new background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Calusa Adult Care I
13871 Sw 112 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016 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 , 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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