| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964806 | 03/14/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**CASANOVA ALF #4** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1084 WEST 65 STREET**<br>**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 [redacted], 2016. Casanova ALF # 4 with Limited Nursing Services component had the following deficiencies identified at the time of the survey:

**0010 Admissions - Continued Residency**

Based on record review, observation and interview facility failed to have, as part of the continued residency criteria, a face-to-face medical examination by a health care provider for a resident after a significant change for 1 out of 5 sampled residents (Resident # 1).

Findings included:

A review of Resident # 1's record revealed that the last health assessment was completed on [redacted] and reflected that resident would be placed under hospice services. At that time resident required total assistance with her activities of daily living.

During the survey Resident #1 was observed feeding herself and talking to everybody. Resident was also observed helping with her own transfer; she was able to stand up with the assistance of one caregiver.

On / facility owner stated at 12:30 pm that the health assessment had been done when resident was discharged from rehabilitation and was total care at that time and that since then she had gotten better and was able to feed herself and help with the transfer, [redacted], toileting and bathing.

Class III

**0078 Staffing Standards - Staff**

Based on record review and interview facility failed to provide evidence of a negative annual [redacted] examination for 1 out of 3 sampled staff (Staff C).

Findings included:

Record review of Staff C revealed that the last [redacted] statement was dated [redacted] and was negative.

Facility owner stated on / / at 12:20 pm that the [redacted] statement expired only a week ago

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SUMMARY STATEMENT OF DEFICIENCIES
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and that she will send the employee to the doctor to have a new one done as soon as possible.

Class III

**0181 Emergency Plan Approval**

Based on record review and interview facility failed to review the emergency plan on an annual basis.

Findings included:

Record review of facility emergency plan revealed that it was approved on on / .

On at 9:40 am, the facility owner stated that she sent the new emergency plan for review a few days ago and that she was waiting for the approval.

Class III

**Z814 Background Screening Clearinghouse**

Based on record review and interview the facility failed to maintain an updated employee roster on the Background Screening Clearinghouse for 3 out of 3 facility employees (Staff A, B and C).

Findings as follow:

Review of the staffing schedule documented the facility had 3 staff members (Staff A, B and C).

Review of the Background screening website for providers documented that the facility had no employees registered.

Facility owner stated on at 11:10 am that she will update the employee roster on the Background Screening Clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Casanova Alf #4
1084 West 65 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a 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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