STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968843	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY & NICO TU CASITA FELIZ ALF INC	**6790 SW 16 TERR33155 MIAMI, FL 33155**

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

0000 Initial Comments

A Complaint Survey (CCR#2015013374) Revisit was conducted on 4/05/2016. Cary & Nico Tu Casita Feliz ALF with Limited Mental Health component had deficiencies at the time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to provide documentation that one of four sampled Employees (Employee C, Manager and Owner) had passed the Core examination to become the Manager of the facility.

Findings included:

A review of the Facility Provider Database revealed that the Administrator operates more than one Assisted Living Facility.

Observation on at 11:30 AM revealed that Employee C acts as the Manager of the facility.

Record review revealed that Employee C (manager/Owner) did not pass the Core examination on two different occasions on and on She took the Core on Interview conducted on at 11:45 PM, Staff C, Manager/Owner stated "I took the exam on I am waiting for the results."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cary & Nico Tu Casita Feliz Alf Inc
6790 Sw 16 Terr33155
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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