

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/01/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964407	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER CASA LLANES ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5861 E 4TH AVENUE HIALEAH, FL 33013	

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

0000 Initial Comments

A Standard Biennial Revisit Survey conducted on 13, 2016. Casa Llanes ALF, Inc License 9290 had no deficiencies identified at time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a proof of a negative examination for 1 of 1 sampled staff (Employee D). ()

Findings included:

A review of Employee D's file revealed written statement from a health care provider documenting communicable is dated and no evidence of a negative examination states not done.

On at 1:00 PM, the Administrator acknowledged that the result are not on the physical examination paperwork.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Casa Llanes Alf, Inc
5861 E 4th Avenue
Hialeah, FL 33013

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida