STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964407	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 Second Revisit Survey was conducted on 08/08/16. Casa Llanes ALF, Inc License #9290 had the following deficiency found at the 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 three of four sampled staff (Employee A, B, C).

Findings included:

On at 8:30 AM record review of Employee's A, B, and C 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 8:50 AM, the Administrator acknowledged that the result are not on the physical examination paperwork.

Class III

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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 **second** State Licensure Revisit Survey conducted on
8, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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