STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964602	09/26/2016
NAME OF PROVIDER OR SUPPLIER CASITA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 13562 SW 38 LANE MIAMI, FL 33175	

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

0000 Initial Comments

An extended congregate care monitoring survey was scheduled on 26, 2016. Casita Alf with Limited Mental Health component had the following deficiency identified at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the Assisted Living Facility (ALF) failed to limit the use of physical to half bed rail for one (#2) out of five sampled residents, to have a doctor order for the use of half-bed rails for three (#1, #3, and #4) out of five sampled residents and resident/ family consent to the use of bed rails for one (#2) out of five sampled residents.

Findings included:

Observation on at 12: 50 PM revealed that during tour of the facility in # there were two hospital beds. The bed belonging to Resident #1 had a half-bed rail attached to it while bed belonging to Resident #2 had a full bed rail attached to it. In #. there were two hospital beds. The bed belonging to Resident #3 had a half-bed rail attached to it and bed belonging to Resident #4 had a half-bed rail attached to it.

Review of Resident #1's record revealed that there was doctor order for half-bed rail was signed on .

Review of Resident #2's record revealed that there was no doctor order for in record for full bed rail neither consent to the use of full bed rail. There was a doctor order for half-bed rail signed on / / . Review of Resident #3's record revealed that there was a doctor order for half-bed rail was signed on .

Review of Resident #4's record revealed that there was a doctor order for half-bed rail signed on .

In an interview on at 1:31 PM the Administrator revealed that primary physician will come the following day and doctor will give the new prescription.

Class III

0031 Resident Care - Third Party Services

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Based on record review and interview, the Assisted Living Facility failed to ensure that a third party (Home Health Agency) had documentation in the facility of the services provided to one (#4) out of five sampled residents.

Findings included:

Review of Resident #4's record revealed that Resident #4 received administration with a home health agency, last log was completed on .
In an interview on / at 2: 17 PM home health agency nurse stated "I took it with me yesterday to complete my notes."
In an interview on at 2:18 PM the Administrator stated " Is that deficiency for me too? I have a log where everybody signed when they come to the facility."
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 12:48 PM revealed Caregiver A was the only caregiver in the facility taking care of five residents and one day care participant.

Review of facility's record revealed that staffing pattern posted was for week through .

In an interview on at 2:22 PM the Administrator while referring to staffing pattern stated " Today is Monday, I have to do it and I was buying groceries. "

Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have the interdisciplinary plan of care for a hospice resident (#2) out of five sampled residents.

Findings included:

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

Review of Resident #2's record revealed that Resident #2 received hospice services since / but there was no interdisciplinary plan of care.

In an interview on at 1:46 PM the hospice nurse via telephone revealed that nurse did not know that plan of care has to be in resident's record. Resident has it but it was in the office.
In an interview on at 1:48 PM the hospice team director via telephone revealed that hospice team director did not know why the plan of care was not there; the hospice company did not work in paper any more they have everything computerized.
In an interview on 2:06 PM the Administrator stated " I did not know I have to be behind hospice record, they were nurses they were supposed to know what documents to have in the facility."
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Casita Alf
13562 Sw 38 Lane
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a monitoring 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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