STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , , 2018. La Rosa ALF Inc. (License #10145) with Limited Mental Health component had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to provide a satisfactory sanitation inspection report.

Findings included:

Review of the bulletin board revealed the facility did not have the sanitation inspection posted.

The facility's owner provided a copy of the receipt payment for the health inspection dated .

The owner stated on at 10:20 AM that the same day the inspector came but they have not sent the report; she tried to print the report but it says that is under review.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide proof of a negative statement on an annual basis for 1 out of 7 sampled staff (Staff E).

Findings included:

Review of the personnel record of Staff E revealed that the negative statement was dated . The facility failed to provide proof of a negative statement on an annual basis for Staff E.

On at 11:58 AM the owner stated, "I will let her know."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

Findings included:

Upon arrival to the facility on at 9:00 AM Staff C stated that the regular staff was off and was coming in at night.

Review of the staffing schedule revealed that Staff C was not listed but her employee file was at the facility.

On at 9:45 AM the owner stated, "Staff C works at my other ALF and she is covering here today because Staff E is off."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to provide evidence that the Administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

On at 12:15 PM requested the Administrator's personnel record for review and it was not at the facility.

On at 12:20 PM the owner stated, "Staff A is the Administrator, I have her file but I do not know what I did with it. I cannot find it."

Phone interview on at 12:38 PM the Administrator stated, "I am the Administrator there. I left my papers there and I do not know what happened. I go there almost every week."

Reviewed the list of successful examinees on the database, it revealed that the Administrator passed the CORE test on .

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure that unlicensed staff who provide assistance with self-administered medications and have successfully completed the initial 4 hour

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 out of 7 sampled staff (Staff E).

Findings included:

Record review of Staff E's file revealed she had a 4 hours assistance with self-administration of medication training on and did not have a 2 hours update training.

On at 11:58 AM the owner stated, "I know and she assist with medications."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure that staff that is responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 1 out of 7 sampled staff (Staff E).

Findings included:

Review of the personnel record of Staff E revealed she had a 2 hours of continuing education in nutrition and food service on . The facility failed to ensure that staff received the 2 hours of continuing education training annually.

On at 11:50 AM the owner stated, "She cooks."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have at a minimum, a copy of the employment application, with references furnished for 1 out of 7 sampled staff (E). The facility also failed to maintain personnel records for each staff member for 1 out of 7 sampled staff (A/administrator).

Findings included:

Review of the personnel record of Staff E revealed the facility did not have a completed application.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

On at 11:50 AM the owner stated, "Well, ok."

Asked for the Administrator's personnel record and it was not at the facility.

On at 12:20 PM the owner stated, "Staff A is the Administrator, I have her file but I do not know what I did with it. I cannot find it."

Phone interview on at 12:38 PM the Administrator stated, "I am the Administrator there. I left my papers there and I do not know what happened. I go there almost every week."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to provide documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 2 out of 4 sampled residents (#1 and # 2).

Findings included:

Record review of Resident #1's file revealed that her daughter signed her contract and that there was no paperwork appointing her as the legal representative.

On at 12:19 PM the owner stated, "Her daughter does not have the power of attorney. We already spoke about it."

Record review of Resident #2 revealed that his sister signed the contract and there was no paperwork appointing her as the legal representative.

On at 11:00 AM the owner stated, "She sent it to me by email but I have not printed it."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to keep the eligibility results of the level II background screening and the signed attestation of compliance in the employee's file maintained by the provider for 2 out of 7 sampled staff (Staff A).

Findings included:

1) On at 12:15 PM requested the Administrator's personnel record for review and it was not at the facility.

On at 12:20 PM the owner stated, "Staff A is the Administrator, I have her file but I do not know what I did with it. I cannot find it."

Phone interview on at 12:38 PM the Administrator stated, "I am the administrator there. I left my papers there and I do not know what happened. I go there almost every week."

2) Review of the personnel record of Staff E revealed that the last level II background screening was completed on . Record review revealed the facility did not have an attestation of compliance on file.

On at 11:50 AM the owner stated, "Well, ok."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for 4 out of 7 sampled staff (Staff A, C, F and G).

Findings included:

Review of the clearinghouse database revealed the facility's roster was not up-to-date. Staff C the caregiver on duty, Staff F and G, and also the administrator (Staff A) were not listed.

On at 9:50 AM the owner stated, "Staff F and Staff G does not work for me anymore. I thought I had put Staff C on the roster."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

On at 10:00 AM the owner stated, "I remember what happened now. When I tried to update the roster the password did not work and I forgot to request a new one."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to have a new background screening every 5 years for 1 out of 7 sampled staff (Staff E).

Findings included:

Record review of Staff E revealed that the last level II background screening was completed on . The background screening database revealed "A new screening is required" for Staff E.

On at 11:20 AM the owner stated, "When did it expire?"

Unclassified