STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966792	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **CASA DE AMOR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10930 S W 143 COURT** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

A Change of Ownership Second Revisit survey was conducted on 04/16/2018. Casa De Amor ALF with License # 10984 had the following deficiency identified at the time of the survey:

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

Based on observation, record review, and interview the facility failed to have an accurate health assessment done by healthcare provider 1 out of 5 sampled residents (Resident #5).

Findings included:

A review of Resident #5's file revealed the resident was admitted //2018, health Assessment was not dated. The resident's height and weight was not documented. Medical History and diagnoses: . Per health assessment the resident is not an elopement risk. The resident needs total assistance with activities of daily living. The health assessment did not indicate the type of assistance the resident needs with medication.

On at 11:30 PM Administrator stated "No, Resident #5 is not a hospice resident, this was a mistake by the hospital where they sent him. I will complete the form correctly with the doctor."

Class III