STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	R 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA ROSA ALF INC	**7865 WEST 5TH COURT** **HIALEAH, FL 33014**

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

0000 - Initial Comments

A Second Revisit to a Complaint Investigation Survey was conducted at La Rosa ALF on 05/10/19. The facility had deficiencies identified at the time of the survey:

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide a two hour pre-service orientation training for two out of three sampled staff (G and F). The facility also failed to provide a 3 hours of Behavior and Needs and ADL (activities of daily living) training to one out of three sampled staff (Staff F).

Findings included:

Review of the facility's personnel files on showed that the facility had no documentation of a 2 hour Pre-service orientation training certificate on file for Staff G hired and Staff F on . Further review showed no documentation of a 3 hour Behavior and Needs and ADL training for Staff F.

In an interview on at 12:28 PM, Staff B went through the files and stated "I don't know what a pre-service orientation is. I don't have any idea."

Uncorrected
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one out of three sampled direct care staff (Staff C) received at least one hour of adequate training in the facility's policies and procedures regarding ( ).

Findings included:

A review of the facility's records on showed that the facility did not have a 1 hour training certificate in file for Staff C who was hired on .

During an interview on at 12:28 PM, Staff B went through the files and stated "let me ask you a question. When you have 6 hours of medication training, is it not including in the ?"

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

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	R **05/10/2019**
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)

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation and interview, the facility failed to correct deficiencies within 30 days once they were identified by the Agency for Health Care Administration.

Findings:

A review of records and interviews conducted on and showed that deficiencies in staff training on behavior and activities of daily living and on .

Interviews and record reviews on showed that these deficiencies had not been disconnected.

Unclassified