STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965204	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **RAFFA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13961 SW 75 STREET** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Re-licensure survey and Complaint investigation (2019004500) was conducted at Raffa Corp. on . . . . . . The facility had deficiencies at the time of the survey.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the facility failed to have an updated diet order for one out of four residents (Resident #3).

Findings as follow:

On . . . . . at 11:50 AM Resident #3 was observed eating roasted chicken and mashed potatoes by herself.

Record review showed Resident #3's health assessment documented resident was prescribed puree diet.

On . . . . . at 12:00 PM the Administrator stated Resident #3 ate regular food.

On . . . . . at 1:00 PM the family of Resident #3 interviewed stated Resident #3 could eat regular food.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to comply with the emergency power plan implementation.

Findings as follow:

Record review showed the facility failed to inform, in writing, to residents and family about the Emergency Power Plan implementation.

On . . . . . at 2:30 PM the Administrator stated would inform immediately residents' family about the plan.

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Class III