STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967916	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casita Alf Inc	630 Stallings Ave Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure with Limited Nursing Services survey was conducted on 2014. Casita ALF, Inc. had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff and resident interview, the facility failed to have an accurate Health Assessment (1823) for 1 of 5 sampled residents, Resident #5.

The findings include:

Resident #1's Health Assessment (HA) dated revealing she was a and received 35 units of twice a day using an pen. The HA revealed she needed assistance with medication administration. Employee A on at 9:46 a.m. stated that the health assessment was not correct for assistance with self administration and needing help. The resident self-administered her own

The Resident was interviewed on at 11 a.m. She confirmed that she injected her own

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview, the facility failed to ensure that 2 of 3 staff members have an annual screening, Employees A and C.

The findings include:

Employee A was hired as caregiver on His employee record did not have a screening dated within 12 months from the day of review

Employee C was hired as a caregiver on Her employee record did not have a current screening dated within 12 months from the day of review

Employee A on at 12:22 p.m. confirmed there were no current screening for both employees.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967916	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casita Alf Inc	630 Stallings Ave Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to ensure that employees receive the 1 hour training on elopement within 30 days of hire for 2 of 3 sampled employees, Employees B&C.

The findings include:

Employee B was hired as a caregiver on . Her employee record did not reveal any training on elopement procedures.

Employee C was hired as a caregiver on . Her employee record did not reveal any training on elopement procedures.

Employee A on at 12:25 p.m. confirmed elopement training was not in the files of Employees B&C.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and staff interview, the facility failed to ensure that employees receive the 1 hour training on within 30 days of hire for 2 of 3 sampled employees, Employees B&C.

The findings include:

Employee B was hired as a caregiver on . Her employee record did not reveal any training on procedures.

Employee C was hired as a caregiver on . Her employee record did not reveal any training on procedures.

Employee A on at 12:25 p.m. confirmed training was not in the files of Employees B&C.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Casita ALF, Inc.
630 Stallings Avenue
Deltona, FL 32738

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on , 2014 by a representative 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. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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