

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966548	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
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NAME OF PROVIDER OR SUPPLIER HEAVENLY HOME CARE OF FLORIDA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17321 SW 109 AVENUE MIAMI, FL 33157
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to a complaint survey (complaint number 2022015622) was conducted at Heavenly Home Care of Florida Inc on _____ and completed on _____. A deficiency was identified at the time of the survey.	{A 000}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	{A 152}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 152}	Continued From page 1 commodos must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe, decent and clean environment for five out of five (#1, #2, #3, #4, #5) sampled residents. Findings as follow: On at 9:30 AM observed the step from the dining room to the Florida room was cracked, missing parts, broken. On at 9:30 AM observed the facility's backyard had a gazebo of wood, unpainted, missing tables and it had pieces of wood piled on the floor. There were two old chairs in the backyard that were not suitable for use, chairs had peeling paint (varnish), and they had mold like stains, in the wood and cushion. In the backyard also observed a red car. On at 9:40 AM Staff B (caregiver) said the facility still needed some repairs. He stated the gazebo was not removed because he needed materials such as a truck he did not have at the moment. Class III	{A 152}			