Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966554	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT SINAI CHRISTIAN HOME	5190 EAST 8 AVE HIALEAH, FL 33013

(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 Limited Nursing Service Survey monitoring was conducted on . Mount Sinai Christian Home had deficiencies found at the time of the survey.	A 000		
A 005 SS=D	58A-5.0161 FAC Licensure - Inspection Responsibilities Inspection Responsibilities. (1) County health departments shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by: (a) Rule 64E-12.004, F.A.C., and Rule Chapter 64E-11, F.A.C., relating to food hygiene. (b) Chapter 64E-12, F.A.C., relating to sanitary practices in community-based residential facilities. (c) Chapter 64E-16, F.A.C., relating to biomedical waste. (2) The local authority having jurisdiction over fire safety or State Fire Marshall shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by Section 429.41, F.S., relating to uniform fire safety standards and Chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities. (3) The agency shall be responsible for inspecting all license applicants and licensed facilities in all other matters regulated by this rule chapter. This Statute or Rule is not met as evidenced by: Based on record review and interview Assisted Living Facility failed to maintain a fire inspection. Findings include: 1. Record review on revealed that last fire inspection . 2. Interview with administrator on at	A 005		

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A 005	Continued From page 1 1:30 p.m. revealed that facility did not have last fire inspection report. Class III	A 005		
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to maintain documentation of the	AN277		

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AN277	Continued From page 2 qualifications of nurses providing limited nursing services in the facility's personnel files. Findings include: 1-Record review revealed the contracted nurse for LNS services license expired on , there is no renewed license on file; also Status was last done on and Communicable Status was done on . 2-Record review revealed that facility does not have Policies and Procedures for LNS services. 3-Interview with administrator on at 1:30 PM revealed that administrator agreed that the policies and procedures for LNS were not in the facility and also acknowledged that the contracted nurse license, communicable status and status were already expired. Class III	AN277		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Mount Sinai Christian Home
5190 East 8 Ave
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121