STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hetery Home For The Elderly Inc	825 Se 7th Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2013005858, was conducted on , 2013. Hetery Home for The Elderly INC. had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 16 (#3 and #4) residents' health assessment forms were properly completed.

Findings include:

A review of resident #3 and resident #4 health assessment forms dated revealed that section 2-B (medication list) was not completed.

On at 2 PM, the administrator acknowledged the findings.

Class III

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

Based on observation, record review and interview, the facility failed to ensure 2 out of 16 (#3, #4) residents were encouraged to be as independent as possible in performing ADLs.

Findings include:

Observation conducted on at 12:25 PM revealed staff C feeding resident #3 his lunch. A review of resident #3 ' s health assessment dated revealed he needs assistance with ADLs and need reminders for important task.

On at 12:40 PM the administrator acknowledged the findings and stated resident #3 " did not feel like feeding himself today. "

Observation conducted on at 1:19 PM revealed staff C holding a glass of water to resident #4 ' s mouth so that he can drink. Resident #4 ' s hands were on his lap. A review of resident #4 ' s health assessment dated revealed that he needs assistance with ADLs and need reminders for important task.

On at 1:19 PM, the administrator acknowledged the findings said something to staff C in Spanish.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hetery Home For The Elderly Inc	825 Se 7th Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Staff C placed the glass of water into resident #4 ' s hands after which resident #4 drank the glass of water using his own hands.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up to date admission and discharge log.

Findings include:

A review of the facility's admission and discharge log revealed that it did not accurately account for residents who were admitted and discharged from the facility for the reason that the date of admittance, date of discharged and reason for discharged were not documented.

On at 10:50 AM, the administrator reviewed the admission and discharged log then acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hetery Home For The Elderly Inc
825 Se 7th Avenue
Hialeah, FL 33010

CCR#2013005858

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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