STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964910	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hialeah Home	8230 West 16th Avenue Hialeah, FL 33014	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure Survey was conducted on at Hialeah Home, ALF. The following deficiencies were identified at the time of survey:

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

Based on observation, record review and interview facility failed to have a resident's health assessment changed in regards to her having a change in her health condition.

Findings includes:
1. Observation of 1 found the resident is in hospice care and has a full bed rail with a full tied to the rail. Under her bed there is a large floor mattress under her bed.

2. Record review confirmed that resident #1 is in Hospice care yet her current health assessment (-) attest in Section 1 her Activities of Daily Living: (Ambulation, Bathing, Dressing, Eating, Self ( ), Toileting, Transferring) states she need assistance. The special diet instructions state for her to receive a Calorie controlled, No Salt/Low Fat foods, but is currently receiving a Puree diet. Section C. number 2 Bedridden is marked (NO). Resident is bedridden.

3. Interview with administrator on at 12:00 noon, confirmed the resident's health assessment was not updated upon a significant change. Administrator stated that the health assessment was wrong and should have been changed when the resident's condition changed. Administrator stated that resident #1's health condition had changed from assisted to bedridden. Administrator was asked if the resident was able to get out of bed she stated (NO) and stated that resident #1 was totally bedridden.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview facility failed to provide a secure storage area for medications in the facility.

Findings includes:
1. Observation during tour of the facility kitchen on , 2013 at 10:00 am , found the following unsecured medications in the refrigerator stop shelf : BISAC-EVAC 10 MG / 1 MG TAB/ 100 MG/5 ML/PROCHORPERAZINE 25 MG SUPP/ 650 MG / 10 MG TAB/ 1 % EYE DROPS.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964910	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hialeah Home	8230 West 16th Avenue Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2. Interview with administrator on at 11: 00 am, she confirmed the findings of the medications were in the refrigerator by the Hospice nurse and she has advises the nurse to always lock up the medications after she gives them to the resident.

Class III.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview facility failed to have 1 out 5 employees to have their 12 hours of continuing education in topics related to assisted living every 2 years

Findings includes:
1. Record review on at 11:00 am found employee #2 (owner/administrator hire date) did not have her 12 hours of continued education in the areas for ALFs.

2. Interviewed administrator-owner on , she confirmed the findings in regards that she did not have her training in the areas for 12 hours of continuing education in topics related to assisted living every 2 years

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review and interview the facility failed to ensure 1 out of 5 employees have a Level II background screening prior to start date.

Findings includes:
1. Observation during tour of the facility the employee #4 was observed cleaning and assisting residents.

2. Record review revealed that employee #4 (caretaker) did not have documentation of the results in her employee file. The employee's result were not available on the agency website.

3. Interviewed administrator on at 2:00 PM, confirmed the findings regarding the background screening for employee #4 's results were not cleared yet.

Unclassified.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hialeah Home
8230 West 16th Avenue
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a state licensure 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,

Kristal Branton for

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