STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953634	08/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hebrew Home Of South Beach Alf	336 Collins Avenue Miami Beach, FL 33139	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Pre-Closure survey was conducted on , 2013. Hebrew Home of South Beach ALF had deficiencies found at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents

Findings include:

On , 2013 at 9:50 a.m. asked previous administrator about her resignation letter. She stated, "I resigned because I cannot work like this, he (owner) does not answer my calls and I cannot be held responsible for something I don't have any control over."

On , 2013 at 10:05 a.m. previous administrator stated, "I sent the letter of resignation and notified employees to contact the owner. We have not notified the employees or residents."

On , 2013 at 10:15 a.m. previous administrator stated, "Hebrew Home is going to continue to feed the residents."

On , 2013 at 10:55 a.m. the owner called the front office, during the call he stated, "I need time for my attorneys and I to collect the records to prove if there is an amount owed to the Hebrew Home. I need proper time to discharge the residents, and the two week notice given by the Nursing Home is insufficient. We can ' t move the residents to other ALF ' s in that time. We need to have more time. "

On , 2013 ALF Supervisor spoke to with owner. The residents and staff are not aware of the impending closure of the facility ( ). There are currently 38 residents with about 24 employees giving care without any administration. Owner continued to stress this is his father ' s facility who last month and the facility is currently " up in arms " (his phrase). Since designated assisted administrator resignation is effective the closure plan presented to agency last week is no longer valid and owner named her as the person in charge again. I asked since she resigned that means no one is in charge and he stated " yes. "

On , 2013 at 12:44 PM received a call from previous administrator and she answered the following questions;

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What happens if staff calls in sick?

The staff calls the LPN or the Lead Med Tech; they then find a replacement and notify the owner.

Who schedules staff?

LPN is currently in charge of scheduling.

Who approves leave?

For leave approval staff notifies the owner.

Who hires? Who fires?

The owner.

Who addresses resident concerns (/neglect)?

The owner.

Who reports adverse incident?

I don ' t know the owner.

She also stated, " The Ombudsman office was just here and notified the staff, and the staff is now notifying the residents. "

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hebrew Home Of South Beach Alf
336 Collins Avenue
Miami Beach, FL 33139

Dear Administrator:

This letter reports the findings of a state Monitoring for Pre-closure 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

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