STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966554	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mount Sinai Christian Home	5190 East 8 Ave Hialeah, FL 33013	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unanounced Abbreviated Biennial Survey was performed at Mount Sinai Christian Home on , 2013. There were deficiencies found at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview facility failed to obtain a consent to use half side rail for 1 out of 4 sampled residents (#1).

Findings include:

Observation during facility tour on revealed that the bed belonging to resident # 1 in # had a half side rail.

Record review of resident # 1 revealed that there is a prescription for half side rail written by her Primary Care Physician on . There was no consent in resident # 1 's file for use of half side rail.

Interview with staff # B on at 9:40 am revealed that they keep the consent in resident's the wall and was constantly falling down and apparently got lost.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to submit a statement from a health care provider that 1 out of 3 sampled staff does not have any signs or symptoms of a communicable including .

Findings include:

Personnel record review of staff # A revealed that there is no statement of communicable and in file.

Interview with staff # A on the phone on at 11 am revealed that she had a Communicable Status and status done by her Primary Care Physician, but must be displaced.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966554	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mount Sinai Christian Home	5190 East 8 Ave Hialeah, FL 33013	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

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

Based on observation and interview facility failed to keep an up-to-date admission and discharge log.

Findings include:

On ,2013 at 9:00 am surveyor requested the admission and discharge log to staff # B. Staff # B was not able to find the admission and discharge log.

On ,2013 at 9:10 am surveyor spoke to administrator on the phone and asked her for the admission and discharge log and administrator said that it was in her office.

On , 2013 at 9:15 am surveyor looked in the administrator' s office for the admission and discharge log and was not able to find it.

On ,2013 at 9:20 am surveyor spoke to administrator on the phone and let her know that admission and discharge log was not in the administrator's office.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview facility failed to obtain a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses for 1 out of 3 sampled staff (#C)..

Findings include:

Personnel record review of staff # C (hired on) had a 3 hours training on Limited Mental Health on . There was no dcumentation of minimum of 6 hours of specialized training in working with individuals with mental health diagnoses in her personnel record.

Staff # C during interview on ,2013 at 11:30 am revealed that she took only a 3 hours training on Limited Mental Health.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

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 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 10/19/2013 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

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