| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964219 | 09/18/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Emanuel Residence Aclf | 343 W 44th Street Hialeah, FL 33012 | |

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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Complaint Survey (CCR#2013007441) was conducted in your Assited Living Facility on . Emanueal Residence had deficiencies found at the time of the survey.

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

Based on record review, observation, and interview the facility failed to honor resident rights by failing to provide resident with convenient access to a telephone.

Findings Include:

Observation on at 8:55 a.m. revealed that the cordless phone located at the living was not in working order. Staff #1 present at time of observation stated that the phone was disconnected 9 months ago and the only phone available was a cellular phone that she was carrying at all times.

Interview with resident #1 on at 10:00 a.m. revealed that there was no phone in the facility and the only phone on premises belonged to staff #1.

Interview with resident #2 and #3 on at 10:30 a.m. revealed that there was no telephone available to use and the only phone available was the one that belongs to staff #1.
Resident #4 and #5 stated on at 11:00 a.m. that there is no telephone on premises and the only phone on premises was staff #1's personal phone.

Interview with administrator on at 10:40 a.m. revealed that facility's phone was disconnected 9 months ago. Facility replaced the old phone with a cellular phone that staff #1 was carrying at all times. She stated that residents could use the phone at any time. She said that she notified the AGENCY that had a new phone number effective . She also stated that she notified family members of number change she did not have proof of notification.

Administrator acknowledged on at 12:30 PM that the only telephone on premises was a cellular phone that staff #1 utilized at had it on her at all times.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**

Based on record review and interview facility failed to obtain complete demographic information for 2 out of 2 sampled staff (#1 and #2).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964219** | **09/18/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Emanuel Residence Aclf** | **343 W 44th Street Hialeah, FL 33012** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings include:

Demographic record review for resident #1, #2, and #6 found no documentation of emergency contact for both residents.

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emanuel Residence Aclf
343 W 44th Street
Hialeah, FL 33012

**Re: CCR #2013007441**

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,

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