STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	10/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hainat, Inc	2435 Sw 82 Avenue Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Hainat, Inc had deficiencies at the time of the survey.

0004-Licensure - Requirements 58A-5.016 FAC

Based on observation, record review and interview the Assisted Living Facility failed to not exceed the licensed capacity of six residents.

Findings include:

Observation during a general tour of the facility on at 11:25 a.m. with caregiver_A revealed that there were seven residents in the facility at the time of the survey, residents #1, #2, #3, #4, #5, #6 and #7.

Record review revealed that residents #1, #2, #3, #4, #5 and #6 have agreement with the facility for living in the facility and resident #7 was admitted on the facility on .

Interview with caregiver_A on at 11:40 a.m. revealed that the census of the facility at the time of the survey was 7 residents and the 7 residents live in the facility and the last admission was of resident #7 on .

Interview with administrator on at 1 p.m. revealed that administrator admitted that facility exceeded the amount of residents allow by license, and the residents who lived in the facility were residents #1, #2, #3, #4, #5, #6, and #7.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hainat, Inc
2435 Sw 82 Avenue
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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 11/28/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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