STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964910	10/07/2013
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)

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/07/2013
0080-Training - Core & Competency Test-10/07/2013
Z815-Background Screening; Prohibited Offenses-10/07/2013

Revisit Repeat Tags:
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a Biennial Survey was conducted on 7, 2013. Hialeah Home had deficiencies at time of survey.

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

Based on observation and interview the facility failed to ensure prescribed medications and over the counter (OTC) products were secured and out of sight of other residents at all times.

Findings Include:

Observations on , 2013 at 2:53 p.m. found two unlocked boxes in the refrigerator, one was empty, and the other contained for 0.05%, belonging to resident #3. Next to these boxes the following medications were found; 0.05% for resident #3 and OTC Ketotiten 0.0025% and Polyethylene 400 0.25 with the name of staff b. written on both.

During tour and upon entry observed of # observed on top of the night table the following unsecured prescription medications; 2% and Tubes OTC not labeled.

On , 2013 at 3:25 p.m. interviewed administrator, she acknowledged the findings.

Uncorrected Class III

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 revisit survey to a biennial conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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