STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964867	05/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hernandez & Sons Alf Inc	7265 Nw 5 Street Miami, FL 33126	
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 - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint survey CCR # 2014004180 was conducted on and Hernandez and Sons Inc. ALF had deficiencies found at the time of the visit.

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

Based on observation and interview the facility failed to comply with residents rights to privacy for 2 out of 9 sampled facility residents (Resident #3 and #4). The facility failed to obtain a written physician's order for use of a full-bed rail for 1 out of 4 sampled residents (Resident #2).

The findings include:

During the facility tour conducted on at about 10:30 AM. was known that Resident #3 resides in the "Employee only" and has a hidden away bed, in order to go to the facility office area the facility staff had to go through her . Resident #4 shares a the facility staff. Resident #2's bed had full bed rails installed on one side of the bed.

Resident's #2 record review conducted on document 1/2 half bed rail prescription dated

On at about 2:00 PM. the facility staff confirmed that Resident #3 resides in the "Employee only" and in order to go to the facility office area she had to go through Resident's # 3 . In addition the facility staff confirmed that Resident #4 shares a her because she had issues with her

On at about 1:30 PM the administrator stated that they are going to change the bed rail immediately.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the agency of a change in its licensed capacity prior to allowing three residents over capacity to stay there (Resident #3, #6 and #7).

The findings include:

Facility record review revealed the facility is licensed for 6-bed capacity.

Interview conducted with Resident #3 on at about 9:45 AM revealed that she has been residing in the facility for a month and sleeps in a as "Employee only" that has a hidden away bed and in order to access the facility office the staff needs to pass through her .

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Interview was conducted with Resident #7 on at about 10:55 AM. She said that she resides in the facility. She does not see her sister frequently.

Interview was conducted with Resident #6 on at about 10:45 AM revealed that she resides in the facility.

Interview conducted with the facility administrator on at about 11:30 AM revealed that Resident #3, Resident #6 and Resident #7 are daycare participants. He said "they reside with their family members but they are unable to remember because they have ".

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hernandez & Sons Alf Inc
7265 Nw 5 Street
Miami, FL 33126

Dear Administrator:

Re: CCR #2014004180

This letter reports the findings of a state licensure survey that was conducted on , 2014 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:kb
Enclosure
XG90

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