STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910975	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living Of Little Havana, Inc	820 Sw 20th Avenue Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0000-Initial Comments-
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR#2014003694) survey revisit was conducted on 09/04/14. Living of Little Havana, Inc had the following deficiencies identified at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, interview, and record review the facility failed to provide a safe living environment, free of hazards. The facility did not ensure all the existing structural and mechanical systems were maintained in good working order.

Findings included:

During tour of facility on at 10:05 AM observed the following: dark stains on the walls of the stairwell, second floor landing observed broken ceiling tiles. Toured men 's , the first stall is missing its door. # third floor, A/C vent was observed to have a black substance on it and some of the substance was also on the wall.

Toured # on at 10:15 AM observed resident #1 in he stated, "Been her 8 years, the door to the has been missing for quite a while, I just use the one that has a door. The walls in the stairs are dirty but it ' s because people here put their dirty hands on the wall.

Toured # observed resident #2 was in he stated, I 've lived here more than 14 years, there are stains on the walls.. I ' d be ok if they painted.

On at 10:48 AM owner stated, " I had a repairman come and he gave me an estimate for the repairs needed on the building I then forward it to the owner, my back is against the wall. "

On at 1:50 PM owner stated we now have a contract with a company to service the elevator, the repairs are made, however we are now awaiting the certification from the county.

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Living Of Little Havana, Inc
820 Sw 20th Avenue
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a Complaint Investigation revist survey conducted on , 2014 by 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.

All deficiencies shall be corrected no later than , 2014.

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, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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