STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	09/10/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (#2014007076) survey was conducted on . Hainat, Inc. had deficiencies found during the survey.

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

Based on observation and interview, the facility failed to honor residents right to privacy by allowing the family member of an employee access to residents while in their , allowing access to residents during care, and allowing access to residents during bathing.

Findings included:

Entry to the facility on at 5:25 am revealed staff A was the only staff member present at the facility. There was one additional adult in the facility at the time who was not a resident or a staff member. Staff A was providing care to a resident in # and the other adult was present in the .

At 5:37 am, staff A wheeled resident #1 out of # and with the assistance from the non-employee female. They used a three count to lift the resident under her arms from the wheelchair to a recliner in the common .

Interview with staff A on at 5:45 am she denied that the other adult was an employee of the facility and said it was a family member of hers.

At 5:50 am, the family member was observed inside # while resident #2 was present. She was then observed walking into # and exiting the an adult brief in her hand, which she disposed of in a trash receptacle.

At 5:55 am, the door to the observed to be closed and the shower was heard running. Five minutes later, at 6:00 am, the family member exited the by resident #3.

Interview with the administrator on at 9:30 am confirmed staff A's family member should not have been assisting with resident care.

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Interview with staff A on at 9:32 she confirmed that her family member assist her with care.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to ensure its admission and discharge log was up-to-date. This was evident for 1 of 7 (#7) sampled residents.

Findings included:

Record review of the facility's admission and discharge log revealed resident #7 was not listed.

Interview with the administrator on at 9:17 am she explained that resident #7 was only in the facility a short amount of time (less than a day). She confirmed that the resident was not listed in the admission and discharge log.

Class

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to have an executed contract at admission for 1 of 7 sampled residents (#7).

Findings included:

Record review revealed the facility did not have a signed contract on file for resident #7.

Interview with the administrator on at 9:17 am revealed she had provided all the documents she had for resident #7 thus confirming the findings.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Complaint 2014007076

Dear Administrator:

This letter reports the findings of a Complaint Investigation 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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