| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910975 | 10/09/2014 |
| 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:**
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

**Specific Tag Findings:**

**0000-Initial Comments**

A Complaint (CCR#2014003694) Investigation 2nd survey revisit was conducted on 10/09/14.
Living of Little Havana Assisted Living Facility had deficiencies at the time of visit.

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

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

Findings included:

Facility tour on at 2:45 PM revealed the facility's elevator did not have a satisfactory safety inspection for the elevator.

On at 2:50 PM owner stated "we have the elevator inspection on ."

Uncorrected Deficiency

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2014

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

Dear Administrator:

This letter reports the findings of a second Complaint Investigation Revisit Survey conducted on 9, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

**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(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

YOSF

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