

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922234	(X3) DATE SURVEY COMPLETED 10/14/2014
NAME OF PROVIDER OR SUPPLIER Hetery Home For The Elderly Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 825 Se 7th Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial State Licensure survey was conducted on . Hetery Home For the Elderly Inc. had the following deficiencies at time of survey.

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

Based on observation and interviews the facility failed to remain free from hazards as well as provide privacy for those residents using a portable bedside commode.

Findings includes:

Observation during facility . 2 portable toilets in two different areas of the # . The two elderly females and each portable toilet did not have a method to ensure privacy during use.

Interview with the administrator on . at 11:00 am, confirmed the findings in . in regards to residents not having a privacy when using portable toilets.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heterly Home For The Elderly Inc
825 Se 7th Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a standard biennial 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, RN
Field Office Manager

AMD:kb
Enclosure

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