STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910975	12/29/2014
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 3rd revisit was conducted on 12/29/14. Living of Little Havana, Inc had deficiencies at the time of the visit.

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

Based on observations, record review, and interview the facility failed to ensure that the air conditioner system and were in good working order at the time of the survey. The facility failed to ensure that walls were free from damage.

Findings included:

Facility tour on at 9:50 a.m. found the air conditioner system was not working on the second and third floors. The resident are located on the second and third floors of the facility. The second floor had a hole in the hallway wall, # also had a hole in the wall, plus the in one of the stall was missing (door was observed leaning on a wall next to the). The the third floor next to # was missing a toilet seat in one of the stalls, one of the stall doors do not have a lock, and the middle stall was not working.

Resident interviews during the tour on at 9:50 a.m. Resident in # confirmed that the AC was out. Resident in # stated "AC no working". Resident in # stated "AC is working a little slow".

The owner of the ALF stated on at 9:50 a.m. during the tour, "one of the resident punched out the walls in the hallway and . He punched out the door in the ."

Phone interview with the owner of the ALF on at 3:34 p.m. revealed that the AC guy was due for service and he would be there tomorrow.

Record review found the facility last county health inspection report (dated) documented that the facility had missing toilet seats in the the 3rd floor. Record review found the city sent the facility a letter (dated) which stated that the property had a incomplete year recertification. The facility's most current fire inspection on / had violations.

Uncorrected Deficiency
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Complaint (CCR #2014003694) Investigation 3rd revisit survey conducted on , 2014by 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 , 2015.

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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