STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	01/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Age Adultcare Inc	1105 W 2nd 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

A Complaint (#2014011904) Investigation survey was conducted on . ./ . . . . New Age Adultcare Inc. had a deficiency found at the time of the survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to ensure that were in good working order.

Findings included:

Observation on / at 9:50 am revealed the one of resident two doors down from the entrance to the f...i..., o..main 2nd floor entrance had a sink that was missing the handle. It was difficult to turn on and off the sink's faucet.

Interview with the facility's Administrator on / at 12:14 pm revealed the sink was broken about two weeks ago when a resident broke it. He said a plumber came out and that he needed another part to fix it because the water would not turn off. He had a replacement part for the actual handle but the plumber needed to work on the water activation switch. He did not have any documentation regarding any conversation with the plumber.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010

RE: CCR #2014011904

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on , 2015 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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