State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964219	A. Building B. Wing	4/2/2015

Name of Facility	Street Address, City, State, Zip Code
EMANUEL RESIDENCE ACLF	343 W 44 STREET HIALEAH, FL 33012

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC		ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	
ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC		ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC		ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC		ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	
ID Prefix **A0167** Reg. # **58A-5.025 FAC** LSC		ID Prefix **A0181** Reg. # **58A-5.026(2) FAC** LSC		ID Prefix **AL241** Reg. # **58A-5.029(2) FAC** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** — **Date:** 04/09/15 — **Signature of Surveyor:** — **Date:**

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EMANUEL RESIDENCE ACLF	343 W 44 STREET HIALEAH, FL 33012	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 04/02/15. Emanuel Residential ACLF had the following deficiencies at time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to provide ongoing activities. The facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility.
Findings included:
Observations on at 9:00 AM, found the 2015 activities calendar posted on facility board. Activities scheduled at 1:00 PM to 3:00 PM Bingo Games.
Observations on at 9:00 AM, some resident's # 4 and #6 in their television and staff do not offer any activities.
Confidential interview on At 11:00 AM, Residents stated "Sometime we do activities (dominos)"
During an interview on at 11:56 AM, Administrator stated "I do not have bingo games at the facility". She stated I'm going to buy one.
Class III

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

Base on observation, record review and interview the facility failed to ensure that all existing appliances are maintained in good working order. Based on observation and interview the facility failed maintains safe and clean living environment.
Findings included:
Observation on at 9:15 AM, during the facility entrance observed window glass in the living cracked. Further observation on at 11:00 AM the facility in the hallway in front of the computer desk (door lock inside parts is missing).
Facility Record review on , Facility did not have control invoice for review.
During an Interview on at 10:36 AM, Administrator acknowledged findings. She stated that window glass and door lock parts need to be replaced for new one. Furthermore she stated " I will contact a person to come and fix it " .
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have initial weights record at the time of admission for 1 out 4 (#6) sampled residents.
Findings included:
Record review on showed Resident ' s #6 was admitted at the facility on . Review resident weights log and there was no documentation of a weight record at the time of the admission at the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EMANUEL RESIDENCE ACLF	**343 W 44 STREET HIALEAH, FL 33012**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0162 Continued From page 1

During an interview on at 10:45 AM, Administrator acknowledged that facility did not have a weights record for resident #6 at the time of admission.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Emanuel Residence Aclf
343 W 44 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Second Standard Biennial Revisit Survey conducted on 2, 2015 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 , .

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 Brantton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com