STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	**06/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HAINAT, INC	**2435 SW 82 AVENUE MIAMI, FL 33155**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted , 2015. Hainat Inc with Limited Nursing Services and Limited Mental Health components had the following deficiency found at time of survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the Assisted Living Facility failed to meet the admission criteria for one (#2) out of four sampled residents.

Findings include:

Record review for resident #2's file revealed the resident was admitted on and began hospice services on with an admission diagnosis of .
Review of Resident #2 home health agency's file revealed that according to status of care completed at time of admission to home health agency on ; Resident #2 had a on the left heel, depends entirely upon someone else for needs, depends entirely upon someone to dress the upper and lower body, totally depend in toileting, depends entirely upon another person to maintain toileting hygiene, unable to transfer self and is unable to bear weight or pivot when transferring by another person; chairfast, unable to ambulate and is unable to wheel self.

Health assessment (AHCA form 1823) completed by medical doctor on revealed that Resident #2 needed total assistant for all activities of daily living including ambulation, eating, dressing, bathing, self-care ( ), toileting, and transferring.

Interview with Administrator on at 1:45 PM revealed that there was not a record ready for Resident #2 due to she was admitted to the facility less than 30 days.
Interview with administrator on at 2:05 PM revealed that resident at time of admission; Resident #2 was able to transfer from wheelchair to bed and had the problem in the heel.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hainat, Inc
2435 Sw 82 Avenue
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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 Kristal Branton, Health Facility Evalautor Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida