STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966554	R
NAME OF PROVIDER OR SUPPLIER **MOUNT SINAI CHRISTIAN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **5190 EAST 8 AVE** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was scheduled on 09, 2015 at Mount Sinai Christian Home. The agency was not able to gain access to complete the survey, the following deficiencies were identified.

0052 Medication - Assistance with Self-Admin

Based on observation and interview the agency was unable to gain access to the facility to ensure that staff followed the steps to assist with self-administration of medications to residents.

Findings included:

Arrived to the facility on at 8:00 AM and found the gate locked with a chain and key lock. There were no residents or staff observed outside. Surveyor tried to get the facility staff's attention to gain access of the facility but no one came to the gate. Surveyor returned to the facility on at 11:50 AM and was still unable to enter the facility.

The facility was called on at 12:12 PM, a a woman answered the phone and she was asked to open gate. She stated, she did not understand and hung-up.

Uncorrected Class III

Z824 Right of Inspection: inspection reports

Based on observation and interview the facility failed to grant the agency access during a biennial revisit survey. The facility could not be accessed for an inspection because the exterior gates were locked.

Findings included:

Arrived to the facility on at 8:00 AM and found the gate locked with a chain and key lock. There were no residents or staff observed outside. Surveyor tried to get the facility staff's attention to gain access of the facility but no one came to the gate. Surveyor returned to the facility on at 11:50 AM and was still unable to enter the facility.

The facility was called on / at 12:12 PM, a a woman answered the phone and she was asked to open gate. She stated, she did not understand and hung-up.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966554	R **07/09/2015**
NAME OF PROVIDER OR SUPPLIER **MOUNT SINAI CHRISTIAN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **5190 EAST 8 AVE** **HIALEAH, FL 33013**	

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

The Administrator called the next day on / stated that her staff said I was there at her property and that I did not come in and that I did call the facility and spoke to the staff.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mount Sinai Christian Home
5190 East 8 Ave
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey scheduled in , 2015 by 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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