STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	08/25/2015
NAME OF PROVIDER OR SUPPLIER **HIALEAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Complaint Survey (CCR#2015009024) was conducted on , 2015. Hialeah ALF (formerly known as Adam Home Inc.) with Limited Mental Health component had deficiencies identified at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to honor resident rights regarding the need of privacy.

Findings included:

During tour of the facility on / no employee observed.

On at 9:15 am caregiver B stated, "The employees do not have a , we have to use the resident # and if not we use the garbage can."

On , 2015 at 9:20 am caregiver A stated, "Yes it is true we do not have a we have to use the resident # # used to be the employee , but they increased the bed number and the employees do not have a bath ."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on record review and interview, the facility failed to provide a safe living environment due to the air conditioner (AC) not working properly for 4 out of the 15 residents. (Residents #1, 2,3,4 and 7).

Findings included:

Tour of the facility on , 2015 at 8:45 AM, # , the office area, kitchen and dining were noted to be hot. The temperature for , 2015 registered at 92 degrees. The dining 2 ceiling fans in use. There are 2 residents observed sleeping in # . Resident #2 was using a fan, but was covered with a blanket. Resident # 1 was also lying in bed with his clothes on, but did not have a fan.

On , 2015 at 8:59 am Resident # 1, who was lying in bed in # , stated, "We have been

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with no air conditioner for a couple of weeks. We have only one fan for the whole . It bothers me not having air conditioner so I can only sleep a little bit." Record review found Resident #1 is diagnosed with Type, and Status Post Gun Shot to Left Eye. Resident # 1 takes / (a medication to treat the side effects that may result from taking medications) 1 mg twice a day by mouth. could cause Anhidrosis, the lack of sweating, and creates a dangerous inability to tolerate heat. should be administered with caution during hot weather (read warnings on List).

On , 2015 at 9:05 am, Resident # 2 also lying in # stated, "It has been more than one day without air conditioning. I can't remember how many days. I only use this fan. I do not care about the AC because I can sleep." Record review found Resident # 2 has diagnoses of and Type.

Further tour of the facility on , 2015 at 9:10 am found # was empty and had a working air conditioning. Surveyor asked Caregiver A could she move the residents from # to #. At 9:35 am, Residents # 1, # 2 and # 7 were moved to other . Resident # 1 was moved to #, Resident # 7 was moved to # and Resident # 2 was moved to # .

On , 2015 at 9:15 am, Caregiver B stated, "I used to work in the kitchen, but because of the heat, my went up and I had to go to the doctor. It has been like a month with no air conditioning. The AC tech told the owner that he can't fix it and that they have to replace it. On Sunday, , the AC unit of the other froze and we had to clean all the water in # , but we fixed it."

On , 2015 at 9:20 am Caregiver A stated, "We are changing owners now. On Sunday, there was no air at all. The unit in # froze and we had to fix it. I cleaned the filter and got all the water out and the air conditioner started working again."

On , 2015 at 9:25 am, Resident # 3 stated, "It was awfully hot in here last Sunday, but now it was fixed. I do not remember how long I was without the air that day."

On , 2015 at 9:30 am, Resident # 4 stated, "The air conditioner froze 2 days ago. The AC unit is new and they cleaned the filter and it started working again. Resident #4 reported, this AC unit is for the , but # is connected to the unit in the kitchen and that one is not good. The air conditioner in the kitchen is not good."

On , 2015 at 9:56 am Caregiver A stated, "We cleaned the filter of the air conditioner in

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2 yesterday, because it froze and a lot of water came out of it."

At 10:10 am Caregiver D stated, "We just did a change of ownership on , 2015 and finished it last week. The technician is going to come today. We spoke to him and the pieces are being bought. We are buying brackets to put on the doors because residents do not close them and the get hot and the air conditioner brakes. We just realized yesterday that this air is not working."

Observed the air conditioner technician arrived to the facility on , 2015 at 10:32 am together with the new owner of the facility. The air conditioning technician started working right away and removed the A/C unit from the kitchen and stated, "It will be replaced today. It will take 1 or 2 hours, but it will be working today."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hialeah Alf Inc
158 West 8 Street
Hialeah, FL 33010

RE: CCR #2015009024

Dear Administrator:

This letter reports the findings of a state licensure 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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