STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	11/04/2015
NAME OF PROVIDER OR SUPPLIER **HETERY HOME FOR THE ELDERLY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **825 SE 7TH AVENUE** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Complaint Survey (CCR#2015011568) was conducted on I/ . Hetery Home for the Elderly Inc. with Limited Mental Health Component had deficiencies found at time of survey.

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation, records review and staff interview, the Assisted Living Facility (ALF) failed to ensure the Facility was free from hazards that may threaten the safety of the residents. The ALF Administrator and Owner moved ten residents into an Assisted Living Facility that has been declared unsafe to occupy by the City.

The findings included:

Review of the police report dated ./ found " On ./ ./ at 7:40 AM there was a crash of two vehicles one of which the northeast side of the Assisted Living Facility knocking down the cement perimeter fence and breaching the living/dining area wall. No residents were hurt during accident. " Facility notified the Agency for Health Care Administration local field office and moved the residents to other Assisted Living Facilities on .

Observation on I/ at 9:30 AM found the breach to the perimeter cement fence and plywood paneling covering the northwest corner of the facility ' s wall where the vehicle the facility ' s structure (this area of the facility is the living /dining). The accident area has been cleaned and no construction debris observed. A wood privacy fence has been built which is attached to the facility ' s structure and to the undamaged section of the facility ' s cement fence; this wood fence now provides privacy for the patio area of the Facility. A temporary wood wall consisting of plywood panels on the outside and painted dry wall panels on the inside of the living / dining area has been built pending the start of permanent repairs, this is the same area where the building ' s wall was breached, in the event of an accident what stands between the residents and staff utilizing this area of the Facility is a temporary wall consisting of plywood panels on the outside and painted dry wall panels on the inside. Entrance into the facility on I/ at 9:30 AM found the owner, Staff B. Resident #11 and Resident # 4 were sitting outside in the patio while Resident #9 and Resident #13 were observed in the living / dining area watching TV. (This area was the point of contact of the vehicle and the which the wall was breached) Staff was observed working in the kitchen on the noon meal. During the tour of the Facility it was revealed the residents in # (Resident #1) and # (Resident # 3) are both bedbound hospice residents. #1 and 2 are the closest to the damaged area of the Facility.

Review of the City Building Department, Unsafe Structure Deficiency List Dated , 2015

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States, " The following is a list of defects found to exist at the building described below as defined for an Unsafe Structure Outlined in the Code of Miami-Dade County Chapter 8 Section §8-5 " Unsafe Structures. " These defects are included as a part of the attached Notice of Violation: Accumulation of dust and debris, debris as a result of vehicle impact with property. Required exits not provided, Main point of entry/exit to kitchen/dining safe to utilize, loose and falling material, entry door, & window. Deterioration of structural member, wall supporting tie beam at entrance is completely destroyed. Electrical/Mechanical system hazardous Electrical cables exposed near point of entry Dangerous to health, safety, and welfare Fire Alarm system indicating trouble status from lack of power. "

Record review of Resident #1 ' s health assessment dated / revealed a diagnosis of , and Activities of Daily Living, Ambulation, Bathing, Dressing, Eating, , Toilet, and Transfer are all listed as Total Assistance.

Record Review of Resident #3 ' s health assessment dated / revealed a diagnosis of , Osteopenia, above the Knee Amputee, . Activities of Daily Living, Ambulation, Bathing, Dressing, Eating, , Toilet, and Transfer are all listed as Total Assistance.

Record review of Resident #7 ' s health assessment dated / revealed a diagnosis of Accident, , and . Activities of Daily Living, Ambulation, listed as Supervision and " Walker or cane inside ALF ", Bathing, needs assistance, Dressing, needs assistance, Eating, independent, , needs assistance, Toilet, Needs supervision, and Transfer, Supervision and " Electric wheel chair outside ALF. "

On / at 9:58 AM a request was made for documentation deeming the structure safe, the administrator presented the following documents:
1. Building Permit Application Fee Form dated / #2015-60+4BD for the address 825 SE 7th Avenue, Minor repairs $100.00.
2. Notarized letter, dated , the letter stated, " To whom it may concern: As per electrical inspectors request all the electrical connections has been checked, the installations where done and all the panel connections and wiring comply with the National Electric Code. Waiting for electrical plan has been approved to pull the electrical permit. If you have any questions please call. Thank you for your business,
3. A letter from local alarm company directed to the City of Hialeah, 501 Palm Ave., Hialeah FL 33010 Attn: Fire Inspector, the letter stated, "Due to an accident occurred at: Hetery Homes ALF, 825 SE 7th

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Ave, Hialeah FL 33010, we checked the Fire Alarm System and is working properly. Fire alarm system was tested and is fully functional. "
On / at 10:05 AM Staff A. Administrator stated, "The City told me that if I had the electrical inspection and the Fire Alarm System inspection done we would be able to bring our residents back."
On / at 11:55 AM Staff A. Administrator stated, " the supervisor of buildings was the one who told us if we brought him the documentation, alarm paperwork and electrical inspection we would be able to bring back the residents into the home. That is why we moved them back here it was a verbal approval I don ' t have anything in writing, we moved the Residents back to the Facility on . "
On / at 10:28 AM Staff B. stated "the red unsafe building sticker was placed by city inspector by the side of the building that was damaged, it was just stuck there, it probably off during the rain."

Interview with the City Building Department on / at 10:39 it was reported; the facility was not to have any residents living in the facility.

Observation on / at 12:05 PM found the facility residents being served lunch in the living / dining area, this is the same area where the building ' s wall was breached after the car crash.

Class I

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

/ , 2015

Administrator
Hetery Home For The Elderly Inc
825 Se 7th Avenue
Hialeah, FL 33010

RE: CCR #2015011568

Dear Administrator:

This letter reports the findings of a Complaint 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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