STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	03/21/2016
NAME OF PROVIDER OR SUPPLIER **HAINAT, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2435 SW 82 AVENUE** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016 in collaboration with a complaint survey (CCR #20160000808). Hainat, Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies identified at time of survey:

0026 Resident Care - Social & Leisure Activities

Based on observation, record review and interview facility failed to provide an ongoing activities program.

Findings included:

The surveyors arrived to facility on / at 8:20 am and left facility at 1:35 pm. During the time of the survey the residents were observed sitting in the recliners and only moved to sit at the table to have lunch at 1:10 pm.

Record review revealed that activities were supposed to be started at 1:00 pm.

On / at 12:46 pm Staff C stated: "At night we play games. I play with them."

On / at 12:57 pm Staff D stated: "I participate in activities with them."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interviews, the facility failed to provide at least 45 days' notice of residency termination to one of six sampled residents (Resident # 7). The facility also failed to safeguard client belongings and ensure that they were returned upon the resident's discharge.

Findings:

A review of the facility's file for Resident #7 revealed that the resident was discharged to the hospital on /. Further review of the resident's file showed that there was no documentation of a statement from the resident's health care provider indicating that the resident was unable to return to the facility after the hospitalization.

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A review of Resident #7's contract for residency showed that the facility has a 45 day bed hold policy and also showed that refunds are issued to residents within seven days of discharge.

At 9:55 am on I/ , the Administrator stated that she didn't want Resident #7 return to the facility because the resident's condition was worsening and the family wanted the Administrator to do things for the resident which she was not allowed to do. She further stated that she did not give the resident 45 days ' notice because the resident was in the hospital, and that once they go to the hospital it is considered an immediate discharge. The Administrator stated that she didn ' t know she needed to give notice, and that she did not have any documentation from the resident ' s medical provider which stated that the resident no longer met the criteria for continued residency because she needed a higher level of care. She stated that she didn ' t understand this and will do it in the future.
A review of Resident #7's file showed no documentation that the resident's or rent had been returned to the representative.
At 9:55 am on I/ , the Administrator stated that she did not know what happened to the resident ' s , and that she thought that the granddaughter picked them up.
At 10:02 am on I/ , the Administrator stated that she wrote a check and took it to social security to return Resident #7's income that she had received. She stated that she didn't get a receipt for these returned funds. She further stated that she would provide a copy of the canceled check as verification that the funds had been returned, however she failed to provide this documentation.
Class III

0055 Medication - Storage and Disposal

Based on Observation and interview facility failed to dispose of resident medications appropriately for 1 out of 6 sampled residents (Resident # 1).

Findings included:

During tour of the facility of I/ at 8:21 am a bag with medications was observed on top of the kitchen counter.

On I/ at 9:30 am Staff C was observed with a bag of medications, when asked who did the medication belong to, she replied medication belonged to her. Observed bag of medication had bottles of mixed medication and medication bottles were labeled with residents names. Two bottles of medications were labeled with Resident # 1 name.

Review of the medications in the bag revealed that they were Metocarbamol, , , , , two bottles with mixed medication and creams Hidroquinoa 4% (4 tubs)

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and [redacted] and Aciclovir 5% and [redacted].

Staff C stated on [redacted] at 9:40 am that the medications was her own medication and that she used resident empty medication bottles to place her own medication in containers and forgot to remove the resident's name. Staff stated that the medications were sent to her from Cuba for her personal use.

On [redacted] at 9:45 am the facility administrator stated that they were not supposed to keep resident medications.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to keep a copy of the manager's High School Diploma or equivalent in the employee file.

Findings included:

Record review of facility manager revealed that a copy of the high school diploma or equivalent was missing.

The facility administrator stated on [redacted] at 11:05 am that she did not realize that the copy of the high school diploma was missing from the manager employee record and that she will contact the manager to get a copy of it.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register with the clearinghouse (Background screening web site) and maintain the employment status for 4 out of 4 facility employees (Staff A, B, C and D) within the clearinghouse.

Findings as follow:

Review of the staffing schedule documented the facility had 4 staff members (Staff A, B, C and D).

Review of the Background screening website for providers documented that the facility had no

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employees registered at the mentioned site.

Facility owner stated on I/ at 10:30 am that she will update the employee roster on the clearinghouse web site.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #20160000808

Dear Administrator:

This letter reports the findings of a standard relicensure state licensure survey that was conducted in collaboration with a complaint survey on , 2016 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 , 2016.** 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 Sonia at (305) 593-5100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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