STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910961	05/17/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH HIALEAH MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 EAST 5TH STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 16-17, 2016. South Hialeah Manor with Limited Mental Health component had the following deficiencies identified at time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the Manager of the facility had proof of a high school diploma of GED.

Findings included:

Record review on of staff files found no documentation of the Manager's high school diploma or GED.

Interview with Staff B on at 2:00 PM stated, "I can not find it. I have contacted the school and order another one."

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have proof of a negative examination documented on an annual basis for one out of six (C) sampled staff.

Findings included:

Record review on found Staff C did not have proof of a negative examination documented on an annual basis. The last statement for Staff C is dated / and expired / .

Interview on at 11:00 AM the Administrator acknowledge the staff did not have an updated proof of negative on file after review.

Class III

0082 Training - / /

Based on record review and interview the facility failed to ensure one out of six (C) sampled staff had

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SUMMARY STATEMENT OF DEFICIENCIES
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/ training within 30 days of employment.

Findings included:

Record record review on of staff files found Staff C (hired) had no documentation of / training.

Interview with the Administrator on at 11:00 AM after review of files acknowledged Staff C did not have / training.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure the staff who are in direct contact with mental health residents receive the 6 hours minimum training and the 3 hours update provided by or approved by the Department of Children and Families Services for two out of six (C and D) sampled staff.

Finding included:

Record review on of Staff C (hired) record found the staff completed the 6 hours training on . Staff C did not have the 3 hours limited mental health (LMH) training within the last two years.
Record review on found Staff D (hired) had no documentation of having completed the minimum 6 hours LMH training within 6 months of employment.

Interview with the Administrator on at 2:00 PM acknowledged Staff A and D did not have the LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Hialeah Manor
240 East 5th Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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