STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	R
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 in collaboration with a complaint survey (CCR #20160000808) Re-Visit. Hainat, Inc. with Limited Nursing Services and Limited Mental Health components License #9679 had the following deficiency found at the time of the survey.

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. The facility also failed to safeguard client belongings and ensure that they were returned upon the resident's discharge.

Findings:

On at 10:30 AM during record review of the facility's file for Resident 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. 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.

On at 11:00 AM, according to the Administrator stated, she went to the Social Security to get a letter to get prove that she did not needed to return money to the resident, because resident went to the Hospital , it was almost the end of the month, and the Social Security pays the facility the month that had passed already. (Pictures)
Record review showed that there is still no documentation that the residents belongings have been found or returned to the resident's family.
Uncorrected Class III

Citation Text for Tag 0030, Regulation Z6OB

Bailey, Sonia

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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/sb
Enclosure20160000808

BBT7

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