

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED R 07/14/2016
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 revisit survey was conducted on - at South Hialeah Manor with Limited Mental Health component. The previous deficiencies were corrected at time of the survey: A new deficiency was found during the survey (A-0152).

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a clean and safe environment for the residents living at the facility.

Findings included:

Observations of the facility on - at 9:50 AM during the tour revealed the following:

- # observed one shopping cart with clothes in it and observed an air vent with a black substance on the outer area of the vent and on the ceiling.
- Resident # observed missing window screen in the shower stall and missing window crank, shower metal drain cover is off the drain and observed the open drain opening. Missing window curtain and observed cracked shower floor tiles.
- # observed a puddle of water on the
- Resident # observed sink stopped up with black water, shower metal cover was off the drain opening, ceiling area of the shower in left corner observed some black substance with a crack on the ceiling over the shower stall.
- # closet door knob missing.
- # observed curtain, leaky shower head water running non stop.
- # observed a small hole on the shower wall, observed a stained ceiling air vent.
- Resident # in shower stall missing window crank.
- # observed one plastic chair with broken handle, one standing closet with a broken bottom drawer.
- # observed lower floor board panels with rotten wood on the panel by the door and behind a Residents bed.

Interviewed the Manager on - at 11:00 AM in regards to the deficiency. The Manager stated that the findings shall be corrected as soon as possible and that the Administrator shall be informed of the deficiency.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11910961	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
NAME OF FACILITY SOUTH HIALEAH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST 5TH STREET HIALEAH, FL 33010	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0077	Correction	ID Prefix A0078	Correction	ID Prefix A0082	Correction
Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix AL243	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 429.075(1) FS; 58A-5.019(8) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>JS</i>	DATE 7/28/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/17/2016			☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO	



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 Biennial 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**

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:ve
Enclosure

BBT7

