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) 2nd Re-Visit. Hainat, Inc. with Limited Nursing Services and Limited Mental Health components License #9679 had the following deficiencies 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 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.

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 / , 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 / , the Administrator stated that she did not know what happened to the resident's , and that she thought that the granddaughter picked them up.
Interview conducted on at 3:15 PM, the Administrator stated that she wrote a check and took it to social security to return Resident #7's income. She stated "The social security explained to me that I do not need to return the money because the facility has a bed hold policy."
Class III

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

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

Uncorrected

0054 Medication - Records

Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were immediately updated, and contained accurate documentation of the update, each time the medication was offered for two out of seven sampled residents who receive assistance with self-administration of medications (Resident #7,8).

Findings included:

Record review on found Resident #7 ' s medication record was signed but it was unclear at what time the medication has to be given because the staff initialed over the indicated time.

Record review on found Resident #8 ' s medication record was signed but it was unclear at what time the medication has to be given because the staff initialed over the indicated time.

Interview on at 6:38 AM staff B, said "I initial the medication record this way because, I am used to doing it like this.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each location. The Administrator supervised two assisted living facilities and appointed the same manager for both facilities.

Findings include:

Record review found the facility's administrator supervised two assisted living facilities. The facility appointed the same manager, Staff B, for both facilities.

Interview conducted on at 3:10 PM, the facility administrator confirmed that she appointed the same manager for both facilities.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	R 07/28/2016
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)

0162 Records - Resident

Based on record review and interview facility failed to have a completed resident record for two out of seven sampled residents (Resident #7, #8).

Findings included:

Record review revealed that Resident #7 did not have a completed resident record, that includes resident ' s demographic data, AHCA health assessment, medication orders, and a copy of resident ' s contract.

Record review revealed that Resident #8 did not have a completed resident record, that includes resident ' s demographic data, AHCA health assessment, medication orders, and a copy of resident ' s contract.

On at 6:47 AM, requested a completed resident record for Resident #7 and #8, Staff A, said they did not have the resident ' s records in the facility. Staff B provided only a folder with a copy of the Resident ' s #7 and #8 ' s driver license, social security card, Medicare card, and Medicaid card.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview the facility failed to provide evidence of an eligible Level II Background Screening for one out of two staff (Staff E).

Findings include:

Observation on at 3:00 PM and on at 6:00 AM revealed that Staff E was in care of the residents.

Observation made during the course of the survey on at 3:00 PM and on at 6:00 AM revealed that Staff E was providing personal services to residents.

Personnel records review revealed Staff E, caregiver did not have proof of background screening compliance.

Background screening database review showed that there was no evidence of the Level II background

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAINAT, INC	**2435 SW 82 AVENUE MIAMI, FL 33155**

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

screening done for Staff E.

Interview conducted on at 2:40 PM, the facility administrator stated Staff E did not have documentation of compliance with level 2 background screening.

Unclassified

Z827 Unlicensed Activity

Based on observation, record review, and interview the facility exceeded its operating license by providing assisted living services to a total of eight residents while being licensed for six beds.

Findings included:

On at 5:55 AM arrived at the facility and knocked on the door to attempt to gain entry. Staff took about 10 minutes to open the door, while some noises like running feet could be heard inside the facility.

On at 6:13 AM Staff A opened the door, she said it took long because she was in the .

On at 6:13 AM during the Entrance of the facility, observed Resident #7 and #8 sitting in the living with their pajamas. Staff A stated; "these are Daycare participants, and their family members bring them very early in the morning, around 5:30 AM".

On at 6:54 AM during an interview with resident #7 stated; "I have been in this place for a few months and I like it very much". Resident was wearing her Pajamas, and she claimed that she usually comes to the facility dress like that but she keeps her clothing in the closet in #
On at 7:03 AM during an interview with resident #5 stated; "I have been living in this facility for over four years, in the facility there are eight residents living here".
On /16 at 7:06 AM during an interview with resident #8 stated; "I have been living in this facility for over three months. I sleep in # with the other two residents they put a bed in that night. They give me my medication every day in this place; the ladies that work here are very good to me that is why I live here".
On at 7:11 AM during an interview with resident #3 stated; "I have been living in this facility for almost four years and I like it very much. The same amount of resident that you found in the facility are the same amount that live in this place, I think eight people".

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)

On : at 7:17 AM during an interview with resident #2 stated; "I have been living in this facility since of this year, I like this place, the owner is very good to me. I think we are in total eight residents who live in this place, but they take very good care of us all the time".
On : at 7:30 AM during an interview with resident #1 stated; I do not know exactly how long but it has it has been a few month, I do not know how many residents live in this facility but are the same ones that you found when you came today.
On / at 7:28 AM, during an interview, Caregiver A stated that she has been working in this facility for about two months and she likes it very much. She further stated "There are eight people living in this facility including the two day cares. The daycare participants receive their medication in the facility every day that is why we have their medicine in the facility."
On : at 7:38 AM, during an interview with caregiver B stated: "I have been working in this facility since yesterday, really only one day that I have been working her, I like my job. The same amounts of people that you found living in this place when you came are always here."
On : at 8:30 AM during an interview with Caregivers A and B, they both stated that this information was going to be given to the administrator for her to take action.

Unclassified

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 state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

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