STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910961	08/30/2016
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 Complaint Survey (CCR #2016009782) was conducted on . South Hialeah Manor with a Limited mental Health component, License #6033 had the following deficiencies found at the time of the survey:

0127 Fiscal - Liability Insurance

Based on observations, record review, and interview the facility failed to have a current Liability Insurance.

Findings included:

On at 7:30 AM during the tour observed that the Liability Insurance was missing in the bulleting board where all the other licenses and permits were posted.

Record review found the facility failed to have a current Liability Insurance.

On at 1:00 PM during an interview with the Administrator, she stated that she was going to informed this to the corporate office, and they will have this information faxed to AHCA.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report.

Findings included:

On at 10:00 AM record review of Resident #11's notes revealed on at 7:30 PM the facility has an incident with Resident #11, where the police was called to the facility. Resident had been gone for more than 24 hours, but resident was located in another Assisted Living Facility where he used to live.

Record review found the facility failed to complete a one day initial adverse incident regarding Resident #11 leaving the facility and being found by the police.

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On at 1:00 PM the Administrator stated that she did not do the incident report because she thought that with the notes on resident's file was more than enough thus the reason why an incident report was not file to AHCA. The Administrator revealed that Resident #11 was an elopement risk.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Hialeah Manor
240 East 5th Street
Hialeah, FL 33010
RE: CCR #2016009782

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 30, 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 Arlene Mayo-Davis, RN at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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