STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	08/08/2016
NAME OF PROVIDER OR SUPPLIER **HEARTLAND HEALTH CARE CENTER-K**	STREET ADDRESS, CITY, STATE, ZIP CODE **9400 SW 137TH AVENUE KENDALL, FL 33186**	

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

0000 Initial Comments

A monitoring survey was conducted on , 2016. Heartland Health Care Center-Kendall with standard license and license number 7307 had the following deficiencies identified at the time of the survey:

0152 Physical Plant - Safe Living Environ/Other

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

Finding included:

Facility tour conducted on at 10:39 AM with Facility Administrator revealed that there was a strong odor in # W.

In an interview on at 10:39 AM the Administrator stated "Yes, it smells".

In an interview on at 10:50 AM the Administrator stated "Am I going to be cited just by her ?"

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

A review of the facility's account on the AHCA BGS Clearinghouse website was conducted on The section titled "Employee Roster" was empty.

Review of employees' files revealed that Administrator's hire date was , Director of Nursing's hire date was , Assistant Administrator's hire date was , Caregiver A's hire date was / , Caregiver B's hire date was . Caregiver C's hire date was , Caregiver D's hire date was , Caregiver E's hire date was , Caregiver F's hire date was / , Caregiver G's hire date was / , Caregiver H's hire date was / , Caregiver I's hire date was

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and Caregiver J's hire date was / , Lincense Practical Nurse (LPN) A's hire date was , LPN B's hire date was , LPN C's hire date was , and LPN D's hire date was .

In an interview on at 11:20 AM the Administrator revealed that Administrator did not understand why background screening clearinghouse employee roster was empty if all employees were added.

Unclassified

Z821 Reporting Requirements: Electronic Submission

Based on record review and interview, the Assisted Living Facility failed to report to the Agency within 21 days of occurrence of the change of Administrator.

Findings included:

Review of Florida Health Finder on revealed that there was an Administrator in record.

In an interview on at 9:30 AM the Administrator revealed that she was supervising the facility as Administrator.

In an interview on at 9:48 AM the Administrator revealed that she has been the facility's Administrator since .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Heartland Health Care Center-K
9400 Sw 137th Avenue
Kendall, FL 33186

Dear Administrator:

This letter reports the findings of a monitoring 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

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