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 **second** Standard Biennial Licensure Revisit Survey conducted on
12, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 26, 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910961	R
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 2nd revisit survey was conducted on / . South Hialeah Manor (license #6033) with Limited Mental Health component had the following deficiency at the time of the visit:

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a clean and safe environment for facility residents.
Findings as follow:
On at 10:40 a.m. during facility tour observed:
air vent with a black substance on the outer area of the vent and on the ceiling.
air vent with a black substance in outer area.
closet door knob still missing.
leaky shower head water still running non stop.
still a stained ceiling air vent.
Resident in shower stall window crank observed but not working.
one standing closet with a broken bottom drawer.
Lower floor board panels with rotten wood on the panel by the door, also a nightstand with broken lower drawer.

On the facility administrator acknowledged through phone the facility still need some repairs.

Class III Uncorrected deficiency.