STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**03/29/2017**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted . Emanuel Residence Aclf with Limited Mental Health component, license # 8954, had the following deficiencies at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to provide an accurate health Assessment (AHCA Form 1823) for one out six sampled residents (Resident #3).

Findings included:

Observation on at 10:10 AM showed Resident #3 was ambulating independently without a walker.

Record review showed that for Resident #3, on a health assessment done on , her physician indicated she needed a walker to ambulate.

In an interview conducted on at 1:15 PM, the Administrator stated "I am going to notify her physician to complete a new health assessment for her."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the facility failed to obtain a written physician order for use of half bed rails for 1 out of 6 (Resident #5) sampled residents.

Findings included:

During a facility tour conducted on at 9:30 AM, observed Resident #5 had half bed rails attached to his bed, which he could not remove without staff assistance.

In an interview conducted on at 1:15 PM, the Administrator confirmed Resident #5 did not have a physician's order for the use of half bed rails.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to provide documetation of a liability insurance policy.

Findings included:

Record review on at 10:00 AM showed that there was no liability insurance policy available for review.

In an interview conducted on at 1:15 PM, the Administrator stated "The facility has an effective liability policy but the document was not in the facility at the time of the survey."

Class III