STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910961	**11/30/2017**
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

Complaint Survey (CCR #2017010205 and CCR #2017013207) was conducted on . South Hialeah Manor with Limited Mental Health component (AL 6033) had the following deficiency identified at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

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

Findings as follow:

On at 7:20 a.m. observation made during the facility tour showed toilet (Bath B next to #) did not have a direct opening to the outside or provided with to the outside for .

A tile in bath shower C (next to #) at the bottom part was broken
In # the armoire bottom drawer was loose
In # there were no blinds, curtain in the window to the exterior (patio) # . The toilet seat cover in the bath is too small for the size of toilet
Toilet (next to Bath G) did not have a direct opening to the outside or provided with to the outside for .
Bath I (next to) had no toilet paper holder

On at 11:00 a.m. The administrator stated the facility will fix all physical plan deficiencies immediately.

Class III