STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **HETERY HOME FOR THE ELDERLY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **825 SE 7TH AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Hetery Home for the Elderly Inc. (AL#7612) with limited mental health (LMH) component had the following deficiencies identified at the time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation an interview, the Assisted Living Facility failed to keep medication locked at all times.

Findings included:

Observation on at 8:37 AM revealed that there was a medication cart unlocked and unsupervised by staff in the dining . . . . . Further observation showed that there were three independent residents sitting in the dining .

On at 8:39 A.M. Staff C stated, "The medication cart was open because Staff B was assisting residents with their medications".

Class III

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

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

Findings Included:

During the facility tour on at 8:40 A.M., observed in . . # . a cracks and a black substance resembling mildew or mold on the wall.

During an interview on at 8:40 A.M. the Administrator acknowledged the deficiencies.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **HETERY HOME FOR THE ELDERLY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **825 SE 7TH AVENUE** **HIALEAH, FL 33010**	

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

Based on interview and record review, the facility failed to have an updated health assessment form for one out of nine samples residents. (Resident #9).

Findings included:

On at 11:50 A.M. Staff C stated, "I do assist Resident #9 that has a to change his bag in case of emergency, when he feels bad".

On at 11:51 A.M. Resident #9 stated, "I change my bag every day or twice a day by myself".

Record review for Resident #9's showed that the health assessment dated contained no documentation that the resident had a bag.

Class III