STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	**10/02/2018**
NAME OF PROVIDER OR SUPPLIER **NEW ERA COMMUNITY HEALTH CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1351 N KROME AVE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint (CCR #2018014290) Survey was conducted on , 2018 and concluded on , 2018 . New Era Community Health Center Lilac. (License #12989) with Limited Mental Health component had a deficiency at the time of the survey.

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

Based on observations and interview the facility failed to honor resident's rights be ensuring qualified staff who supervised the residents were able to communicate with five out of eight (#1, 4, 5, 6, and 7) sampled residents.

Findings included:

Observations during the tour on from 9:30 AM to after 1:00 PM found care staff did not speak English.

On at 10:52 AM Resident #4 stated, "The staff does not speak any English."

On at 11:09 AM Resident #5 stated, "Yeah they ladies here don't speak English"."

On at 12:53 PM Resident #6 stated, " They all speak Spanish. I speak Creole and I can speak English with no problems. I do not talk to them I stay to myself."

On at 1:02 PM Resident #7 revealed staff did not speak English they mostly speak Spanish.

On at 10:45 AM Resident #1's family member stated, "The ladies who work there about 4-5 of them do not speak any English to communicate with me daughter or myself."

On at 2:00 PM Staff F, G, and H acknowledged they did not speak English and a translator had to be obtained to communicate with them.

Class III