STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910963	R 10/26/2018
NAME OF PROVIDER OR SUPPLIER **HAZEL CYPEN TOWER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5066 NORTHEAST 2ND AVENUE** **MIAMI, FL 33137**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/26/18. Hazel Cypen Tower, license #6127, had deficiencies identified at the time of the survey:

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

Based on observation and interview, the facility failed to provide a safe living environment free of hazards to its residents and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

During a tour of the following selected apartments on at 9:19 AM, the followings were observed: -the second floor ceiling by the lobby area, apartment #203's , the ceiling area by the of apartment #402, apartment #618's had yellow stain that looked like water damage. -Apartment #310's missing tiles and there was dark stain in the shower that looked like mold. -Apartment #320's carpet in the living had a large dark stain. -Apartment #416, #506, and #611 had dark stain that looked like mold. -Apartment #513's kitchen sink was leaking and the 's ceiling paint was peeling and had dark and yellow stain. - There was a door by the elevator on the second floor that had peeling paint and the certificate of operation for both elevators dated were expired.

During an interview on at 9:26 AM the Director of Resident Care stated "all of this are being taking care of and they are changing the ceiling tiles.

At 10:02 AM Resident #19 stated "it just doesn't stop. I told them. They said it will stop. They said they will take care of it, just like you (talking to the Director of Resident Care)."

Around 1:40 PM the Director of Resident Care stated "those were taking care of" and the Assistant Executive Director Senior of the facility added "they haven't received the certificates yet for the elevators. They are waiting for the them. We received several of them. As soon as we received them we will fax it."

Class III

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

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Based on record review and interview, the facility failed to have an updated health assessment for one out of 18 sampled resident (Resident #17) who had a health assessment for more than three years. The facility also failed to have a complete and dated health assessment for one out of 18 sampled residents (Resident #14).

Findings included:

A review of Resident #17's file showed a health assessment dated and faxed on that was expired.

Review of Resident #14's health assessment showed no examination date and there was no answer provided for whether or not the resident required 24-hour nursing of .

During an interview on at around 1:40 PM, the Assistant Executive Director Senior of the facility stated "yes, the doctor signed it in 2014. It is outdated."

On at around 1:50 PM, the Director of Resident Care stated "I can have the doctor date it. He is right across."

Uncorrected
Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file a one-day and a fifteen-day incident report with the agency that was previously cited during the biennial survey for two out of 18 sampled Residents (#14 and #15) who , were taken to the hospital, and needed to have surgery due to a hip .

Findings included:

A review of the Agency Incident Reporting System database showed no documentation of a one day and fifteen day report filed for Resident #14 and #15.

At 9:16 AM the Administrator stated "just so you know we are challenging the deficiencies that were found. We don't have a plan of correction because we believe we did not have deficiencies."

During an interview on at 1:44 PM, the Administrator stated "the reason why we did not file an

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incident report because it was not an adverse incident. It was months later. We did not see it as an adverse incident. That is not clear on the regulations. The administrator added "even though it was found 2 months later we still need to file it."

Uncorrected
Class III