

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 04/04/2019
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

A Complaint Investigation (#2019004022) was conducted at South Hialeah Manor on Deficiencies were identified at the time of the survey.

0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC

Based on record review and interview the facility failed to ensure that a resident received the necessary health care for one out of 16 sampled residents (#1).

Findings included:

On at 8:35 AM Staff C stated, "Resident #1 was missing the medication. She went to the hospital and now she has it. She has an on to see the She has an HMO and by the regulations only the can give her the prescription; it was impossible for us to get the sooner and we called her family to see if they could help us and the family called the stated agency and the guy tried to get an earlier but he could not and we sent her to the hospital."

Review of Resident # 1's record revealed the health assessment completed on and she had the following diagnoses: positive and The resident was order to take mg one tablet daily.

Review of the progress notes revealed that on the pharmacy called to advice that in order to get the retroviral medication (.) for the month of a prior authorization from the primary care physician or in was needed and that they would send the medication until On the doctor came to the facility and referred the resident to the They called the insurance and the resident refused to speak to the representative. The was done for the for at 4 PM. On she run out of retroviral medication. On she refused to be sent to the hospital. On resident remains stable, the resident meds (retroviral) are so expensive and the closest in on refused to go to the hospital. On at 3:00 PM the progress note stated, "resident for the past 2 days does not feel well. She has poor appetite, doctor was contacted and he ordered for her to be sent to hospital, family notified." She did not take her retroviral for 6 weeks. Returned from the hospital on with a prescription for 30 days.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 04/04/2019
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)		
On at 12:05 PM Staff B stated, "Now I know. Next time she refuses to go to the hospital I will not wait, she will be ." Class III 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27 Based on record review and interview the facility failed to ensure that two out of 16 sampled residents were given a 45 day notice of discharge prior to be transferred to the hospital and not returning to the facility. Findings included: Record review found Resident #11 was discharged from the facility to the hospital on . Resident #11 progress notes documented the facility transferred the resident to hospital and discharged the resident because he needed a higher level of care but no doctor's not in the record. The facility did not have documentation that a 45 day notice was given to Resident #11. Further record review found Resident #16 was discharged from the facility to the hospital on . The facility documented on Resident #16 was and trying to escape the facility. On the facility documented, resident tried to escape again, staff found him at the corner and returned him to the facility. The facility did not have documentation that a 45 day notice was given to Resident #16. Exit conference with Staff B on at 11:57 AM confirmed Residents #11 and #16 were discharged from the facility. Staff B acknowledged the residents were not given a 45 day notice. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on record review and interview the facility failed to have the alternative menu available for the residents to review. Findings included: On at 11:35 AM Resident #6 stated on interview, "I don't like breakfast. There is too much Spanish food. I don't see a menu from where I can choose."		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 04/04/2019
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)		
Review of the bulletin board in the dining room revealed that only the current menu and the puree menu were posted. The alternative menu was not posted. On at 11:55 AM the cook brought the alternative menu and stated, "I have it in the kitchen. We accommodate the resident that do not like to eat what we cook. We also try to cook a different food for the Americans." Class III D160 - Records - Facility - 58A-5.024(1) FAC Based on record review and interview the facility failed to have an updated admission and discharge log with correct discharge information. Findings included: Record review revealed the log did not have accurate discharge information for residents. On at 11:57 AM, Staff B reviewed the log and confirmed it needed to be updated. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 04/04/2019
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to update the facility's employee roster on the background screening's clearinghouse.

Findings included:

Review of the employee roster in the clearinghouse revealed several current employees were not listed and other employees that no longer worked at the facility were still on the roster.

On at 9:56 AM Staff B stated that the facility had been recently bought and that the old administrator had not given them the access to the employee roster.

Unclassified