STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966930	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **ELIA'S HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 SW 7 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A revisit to a re-Licensure survey was conducted at Elia's Home Care, Inc. on , , to , , . Deficiencies were identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the facility failed to treat with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy, two of six sampled residents, (Residents 3 and 4). The staff room was located inside resident room number 1.

Findings included:

On , , at 10:00 AM, observed a door inside where Residents 3 and 4 lived. Behind the door was a bedroom with furniture.

On , , at 10:00 AM, Staff C stated, "This is our room; it has always been like this."

On , , at 10:25 AM, Staff B acknowledged the issue of privacy for the residents.

Class III