

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963941	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER SEVEN ELDERLY CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6132 WEST 14 LANE HIALEAH, FL 33012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An Standard Biennial State Licensure Survey was conducted on 2012 at Seven Elderly Care Inc. Assisted Living Facility with Limited Mental Health (LMH) component. Seven Elderly Care Inc. had deficiencies found at the time of the visit.	A 000			
A 082 SS=D	58A-5.0191(3) FAC Training - (3) (/). Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to have 1 out of 4 staff members (#4) trained in the areas of /Acquired Findings includes: 1. Record review revealed that staff member #4 did not have her training in the areas of / Staff member #4 (caretaker) started on	A 082			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0009

418011

If continuation sheet 1 of 3

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A 082	Continued From page 1 2. Interviewed administrator on _____ at 10:30 am, she stated that staff member #4 did not have documentation in her file for the training in the areas of _____ Class III	A 082		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident _____ to be used in the event of an emergency.	A 152		

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A 152	Continued From page 2 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to have a clean and safe environment for resident safety. Findings includes: 1. Observation of the facility floor on entering at 8:00am on _____, observed a large wet area at the doorway. There was a puddle of water leaking into the facility and under the table where 3 residents were sitting. One of the residents was sitting directly at the end of the table where the water was coming into the facility. The staff looked at the water and just kept on doing the breakfast. After the administrator arrived to the facility the water was wiped up. Pictures were taken of the leak. 2. Interviewed administrator on _____ at 9:00 am, she stated that she knew of the leak and her insurance was notified of the problem. Class III	A 152		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 10, 2012

Administrator
Seven Elderly Care Inc
6132 West 14 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 10, 2012 by a representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after _____ to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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