

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 05/24/2019
NAME OF PROVIDER OR SUPPLIER SARA'S HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 NE 46TH STREET OAKLAND PARK, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Extended Congregate Care (ECC) monitoring survey was conducted at Sara's House, Inc on A deficiencies was identified at the time of survey. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, it was determined that the facility failed to ensure that all existing structural systems were maintained in good working order, the environment was safe, hazard free and clean. The findings included: During the environmental tour conducted on at 11:00 AM accompanied with the Administrator the following were noted: a) Bathroom one - Vanity door missing b) Bathroom one - Shower chair seat is split and yellow cushion is exposed c) All hallway walls in the facility was scuffed and had wheelchair markings. d) Various repair patches throughout the ceiling of In an interview conducted on at 11:40 AM with the Administrator after the tour ,she acknowledged the findings. Photographic evidence was obtained. Class III		