

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105709	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER NSPIRE HEALTHCARE MIAMI LAKES		STREET ADDRESS, CITY, STATE, ZIP 5725 NW 186 STREET HALEAH, FL 33015	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review the facility failed to maintain a clean, safe, sanitary and homelike environment as evidenced by seven out of eight exhaust vents observed were visibly soiled, discolored and the ceiling areas surrounding vents were in disrepair. This deficient practice has the potential to affect the health and well being of all residents in the facility. There were 73 (seventy-three) residents residing in the facility at the time of the survey. The findings included: Record review of the facility's Policies and Procedures for Maintenance revealed that The facility's physical plant and equipment will be maintained through a program of preventive maintenance and prompt action to identify areas/items in need of repair. It further showed that The Director of Environmental Services will perform daily rounds of the building to ensure the plant is free of hazards and in proper physical condition. On September 1, 2020 at 12:33 PM, observational tour of the laundry room with the Dietary Manager (filling in for the House Keeping Director) revealed three visibly soiled, discolored exhaust vents (an exhaust vent/ventilation is a method which is used to remove/vent waste materials in the form of fumes and gases. Many fumes found in exhaust are harmful to human health, making this method important for keeping an environment safe to work or live in.). The ceiling area around the exhaust vents were discolored and in disrepair. (Photographic evidence). On 09/01/2020 at 12:46 PM, the Maintenance Director revealed that he does rounds every week to check the building. The Maintenance Director stated that he does repairs if something in the facility need repair or is not in good condition that he cannot repair the relevant company would be called to come in and do the repairs required. On 09/01/2020 at 1:12 PM, during an interview with the Assistant Director of Nursing (ADON), the Risk Manager, and the Maintenance Director it was revealed that, the exhaust vents are supposed to be cleaned once a month or as needed. The Maintenance Director stated that the ceiling around exhaust vents in the laundry area needed to be repaired. On 09/01/2020 at 1:53 PM, during an observational tour of the facility's soiled utilities rooms accompanied by the Maintenance Director. The exhaust vents showed multiple discolored areas and build up of soiled particles. The Maintenance Director stated that the vents were dirty. The Maintenance Director reported that, he focused more on cleaning the exhaust vents located on the hallways and often times he usually did not go into the soiled area to check. (Photographic evidence).		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.