Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967072	A. BUILDING: _____ B. WING _____	05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURAN HOME CARE	26775 SW 129 AVENUE HOMESTEAD, FL 33032

(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
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to operate within its licensed capacity of four residents. Six residents were found to be living at the facility. Findings Include: In an interview on at approximately 1:50 PM, Staff B stated, "We have six residents and one daycare resident". Observation on during the tour of the facility showed two beds in # where Resident # 1 and Resident # 2 sleep in, one hospice bed in # for Resident # 3, two beds in # for Resident # 4 and Resident # 5, and one hospice bed in # for Resident # 6.	CZ828		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ828	Continued From page 1 Review of the facility's license revealed 'Total Capacity: 4' and '[illegible] ( ) Residents: 4' and 'Private Pay Residents: 0'. Review of the facility's admission and discharge log listed Resident's # 1, # 2, # 3, # 4, # 5, and # 6 as current residents with no documentation of a discharge date. In an interview on at 3 PM, the Administrator stated, "It's a mistake. When I renewed my application, I did it online for the first time and I had put that I had four [illegible] residents and zero for Private Pay, but not that I wanted my license to be for 4 residents. I always had my license for six". Review of the facility's online renewal licensure application dated [illegible] revealed a 'Total Capacity' for four beds. In an interview on at 4:16 PM, Staff C stated, "Since I have started a month ago, it has always been the six residents and the daycare resident". In an interview on at 4:22 PM, Staff B stated, "I started about a month and a half ago and it's been six residents plus the daycare since I started working here". Unclassified	CZ828		

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A 000	Initial Comments A COVID-19 control monitoring visit was conducted at Duran Home Care, Corp on , . Deficiencies were identified at the time of the survey.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their	A 078		

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A 078	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ⎵ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of an annual negative ( ) examination and a free of communicable . . . . . statement for one out of three sampled staff (Staff C). Findings Include:	A 078		

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A 078	Continued From page 2 Review of Staff C's personnel records showed Staff C was hired on . . . . and showed no documentation of a written statement from a health care provider documenting that Staff C did not have any signs or symptoms of communicable . . . . . There was also no documentation of a negative examination. In an interview on . . . . at 4:40PM, the Administrator acknowledged the missing documents and stated, "I'll make sure she sees her doctor to get it done". Class III	A 078		