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
	AL11966909	A. BUILDING: _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUCY'S HOME CARE	2005 SW 97 AVENUE MIAMI, FL 33165

(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 A Biennial Relicensure survey was conducted at Lucy's Home Care on [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 083 SS=F	59A-36.011(5) FAC Training - First Aid and [redacted] (5) FIRST AID AND [redacted] ( ). A staff member who has completed courses in First Aid and [redacted] and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American [redacted] Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of three sampled staff (Staff B) knew how to adequately perform [redacted] ( ). Findings included:	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 Review Staff B's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. During an interview on at 7:32AM , when describing , Staff B stated "The resident must be laying flat, then I conduct and check their , or body for any , I do , for 10 minutes, after that I check the , and that's it." According to the American Association, should be performed at 30 , and 2 breaths and continued until the victim revives or help arrives. Class III	A 083		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 090		

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A 090	Continued From page 2 failed to ensure that one out of three sampled staff (Staff B) knew information for ( ) training. Findings included: Review of Staff B's personnel file showed that she completed the training on //21. During an interview on at 7AM when asked to explain what a is, Staff B stated "I don't know what it is." Class III	A 090		