STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	12/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Care Family Home, Corp	4221 West 5 Lane Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership survey was conducted on , 2013. Grace Care Family Home (formerly Family Home Care) had the following deficiencies at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 out 3 sampled employees to have an up to date Statement of Freedom from Communicable including .

Findings includes:

Record review revealed that employee C. (Caregiver, hired on) did not have her current physical in her file stating she is free from a Communicable including .

2. Interviewed employee B. (caregiver/ Licensed Practical Nurse) on at 2:00 pm, she confirmed the findings in regards to employee C. (caregiver) did not have a current statement in her file.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure 4 out of 7 sampled residents to have their weights taken at the time being admitted to the facility.

Findings includes;

Record review revealed that residents #1 (admitted on -), #4 (admitted on -), #6 (admitted on) and #8 (daycare resident, admitted on) all did not have any weights taken at the time being admitted to the facility.

Interview with employee B. caretaker on at 2 pm, she confirmed the findings in regards to the residents #1, #4, #6 and #8 were not weighed at the time being admitted to the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grace Care Family Home, Corp
4221 West 5 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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
XG90

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