| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967229** | **01/13/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Plamar Home Care Services** | **4407 S W 162 Place Miami, FL 33185** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Complaint Investigation Survey (CCR 2013009138) was conducted on and . Plamar Home Care Services had deficiencies at time of survey.

**0160-Records - Facility 58A-5.024(1) FAC**

Based on record review and interview the facility failed to have an up to date admission/dicharge log at the time of the survey.

Findings includes:

Record review revealed that two residents were never placed on the admission/discharge log at the time the were admitted to the facility in the month of - to 13-13. Both of these residents are husband and wife and were discharged from the facility on 13-13 by their daughter and placed in another ALF in broward County.

Interview with administrator on , she confirmed the findings in regards to the admission/discharge log was not up to date and two of the residents #1 and #2 were never placed on the log at the time of being admitted to the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Plamar Home Care Services
4407 S W 162 Place
Miami, FL 33185

**Re: CCR #2013009138**

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 thru , 2014 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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