STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vandor [redacted] Homecare Inc	2110 North 46th Avenue Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility complaint inspection CCR #2014002408 was conducted on [redacted] Vandor [redacted] Homecare, Inc, had licensure deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observations, record reviews and interviews, the facility failed to ensure that the minimum staffing levels were met, and failed to ensure that there was at least one staff member in the facility at all times when residents are in the facility.

The findings are:

1. The staff schedule was reviewed. The schedule is divided into 3 shifts. Staff member #2 was named for the first shift, Shift 1, 7:00 AM to 3:00 PM, Monday through Friday. Shift 2, 3:00 PM to 11:00 PM was blank for the name of the staff member assigned. For shift 3, 11:00 PM to 7:00 AM, the administrator's name was listed.
The Administrator was interviewed on [redacted] at 9:25 AM. She stated that she is working nights now at the facility until she can hire someone. She said that last night (the night before the survey) since she was sick, there was a former employee there, staff member #3, does not work there, and was just helping out. She stated she had no record for staff member 3. During further interview with the administrator on [redacted] at 1:00 PM. She also said that her husband is trained and works weekends, but agreed his name was not listed on the schedule.

2. On [redacted] at 11:11 AM, the Administrator was interviewed again. She further admitted that the residents are left alone when she goes home to take shower during the evening. She said she thought since the residents were independent that they could be left alone for up to 2 hours, which was allowed when the facility used to be an Adult Family Care Home.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	**03/12/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vandor ..... Homecare Inc	**2110 North 46th Avenue Hollywood, FL 33021**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC
Based on record reviews and interviews, 1 out of 3 staff members had no personnel record available for review (Resident #3).

The findings are:

The personnel records were requested and reviewed, and there was no record for the individual identified as working the previous night to the survey (staff member #3).
The Administrator was interviewed on ..... at 9:25 AM. She stated that she is working nights now at the facility until she can hire someone. She said that last night since she was sick, there was a former employee there, staff member #3, who does not work there, and was just helping out. She stated she had no record for staff member 3.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vandor _ ..... Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

Dear Administrator:

Re: CCR #2014002408

This letter reports the findings of a complaint survey that was conducted on , 2014 by a representative from 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 **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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