STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Companion Home Corp	1997 Sw 17 Court Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E204 - 58a-5.030(5) Fac - Ecc - Admissions & Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care Monitoring Survey was conducted on , 2014. Companion Home Corp had the following deficiency at time of survey.

E204-ECC - Admissions & Continued Residency 58A-5.030(5) FAC

Based on observation, record review and interview the facility failed to make sure all its residents meet the criteria for continued residency in an Extended Congregate Care (ECC) program by re-admitting a resident with an unstageable . This was evident for 1 of 2 sampled residents (R#2)

Findings include:

Observation on at approximately 10:15am revealed R#2 was awake in his bed, a white dressing was observed on both feet.

Record review of resident #2's clinical record revealed a prescription dated for home health services for care both heels, apply daily. A communication note in the resident's home health file dated reveals the resident has two , on both heels.

Record review of admission and discharge log revealed resident #2 was discharged to the hospital on and came back to the ALF on .

Record review of the home health agency Comprehensive Adult Nursing Assessment for Resumption of Care for resident #2 dated revealed on page 8 under Care: "Left heel , unstageable, Right heel , stage II"

Record review of Care Record located in the home health file for the week of to revealed a note dated " Left heel (unstageable), Right heel ."

During Interview with resident #2 on at approximately 10:15am he reported the nurse comes in daily to cure him.

Telephone interview on at 12:07pm with the facility's ECC nurse who is also the home health agency revealed resident #2 came back from the hospital on with heel . The podiatrist evaluated him and ordered . One heel was at a and the other one was unstageable because it was not opened.

Interview conducted with the facility owner/administrator on at 1:20pm revealed she was not aware a resident with an unstageable does not meet ECC and ALF admission and continued residency

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criteria.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Companion Home Corp
1997 Sw 17 Court
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a state ECC monitoring survey that was conducted on , 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 , 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 surveyor(s). Should you have any questions please call Kristal Branton at 305-593-3100.

Sincerely,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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