

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911410	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Professional Home Care I	STREET ADDRESS, CITY, STATE, ZIP CODE 435 East 31 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complain inspection (CCR#2014002421) was conducted on / at Professional Home Care I. A deficiency was found during the inspection.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the Medication Observation Records (MORs) were accurate fo 2 of 6 sampled residents.

Findings include:

1) Record review of resident #4's MOR for the current month of / 2014 revealed / 20 mg to be given in the morning at 8:00 am was not initialed as given.

2) Record review of resident #6's MOR for the current month of / 2014 revealed / 40 mg to be given at 8:00 pm was initialed as given, despite not being due until later that day.

Interview with the facility's adminitrator on / at 11:09 am revealed he confirmed the above findings.

Class /



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Professional Home Care I
435 East 31st Street
Hialeah, FL 33013

Dear Administrator:

Re: CCR #2014002421

This letter reports the findings of a state licensure 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,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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