STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	**05/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ibis Home Care Inc	**15088 Sw 71 Lane Miami, FL 33193**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

0000-Initial Comments

A visit for a Complaint investigation (CCR 2014003896) was conducted on . Ibis Home Care Inc had the following deficiency at time of survey.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have an administrator who passed the 12 hours of CORE continuing education training and a manager (staff #2) who successfully approved the CORE training.

Findings as follow:

Record review documented the facility administrator administers 2 Assisted Living Facilities.
Further review revealed the facility failed to have an administrator (staff #1 hired on) who completed CORE on did not have 12 hours continuing education.
In addition the facility failed to have a manager (staff #2) who successfully approved the CORE test.

On at about 10:30 a.m. the facility administrator confirmed staff #1 did not complete the 12 hours continuing education training and staff #2 (manager) did not make the CORE test.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ibis Home Care Inc
15088 Sw 71 Lane
Miami, FL 33193

Re: CCR #2014003896

Dear Administrator:

This letter reports the findings of a state complaint investigation 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, RN
Field Office Manager

AMD:
Enclosure XG90

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