STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965485	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Health Care Group	10620 Nw 32nd Street Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Professional Health Care Group. The facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure staff submit a statement from a health care provider that the person does not have any signs or symptoms of a communicable including for 1 of 3 employees (Employee #2).

The findings are:

Employee #2 hired on who provides direct care to residents did not have the required documentation from a health care provider verifying that they do not have any signs or symptoms of a communicable including During an interview at this time, the Administrator acknowledged the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review an interview, the facility failed to provide documentation of completion of the required in-service training, for 2 of 3 sampled employees (Employee #1 and #2)

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The findings include:

A review on at 11:25 AM of the personnel records revealed the following.

a) Employee #1 hired on who provides direct care to residents, lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: reporting major incidents, resident rights, elopement, emergency preparedness and evacuation and neglect and

b) Employee #2 hired on who provides direct care to residents, lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: reporting major incidents, elopement, emergency preparedness and evacuation and neglect and

During an interview with the Administrator, aforementioned was confirmed and it was revealed no further documentation was available for review.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to provide valid documentation of the required First-Aid and training, for 2 of 3 sampled employees (Employee #1 #2).

The findings are:

A review of the personnel files on revealed the following.

a) Employee #1 hired on file did not contain any evidence that the employee had completed a First Aid course.

b) Employee #2 hired on file did not contain any evidence that the employee had completed a First Aid course.

During an interview on at 11:40 AM with the Administrator,he confirmed both employees provide direct care to the residents. He acknowledged the findings and stated Employee #2 did take the

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courses and he would fax the documentation. He also confirmed Employee #1 and #2 work alone at times in the facility providing care and services to the residents. As of at 1:00 PM, the documentation has not been received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Professional Health Care Group
10620 NW 32nd Street
Sunrise, FL 33351

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative 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 (30) days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after ***08/21/2014*** 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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