STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966507	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Away From Home, Inc	2660 Sw69 Avenue Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2014. Home Away From Home had the following deficiencies at time of survey.

0004-Licensure - Requirements 58A-5.016 FAC

Based on record review and interview facility failed to provide a copy of the annual fire safety and sanitation inspections.

Findings include:

Record review of inspections posted on bulletin board in the dining that the Fire Safety Insp expired in the last day of , 2014 and the last Health Department Inspection (sanitation) was done on .

At 9:20 am on , 2014 staff A stated: " Those are the inspection that I have seen."

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity.

Findings include:

After tour of the facility on , 2014 at 8:35 am records were requested to caregiver for review.

At 8:35 am on , 2014 staff A stated: "the records are in this cabinet and they are locked and I do not have the key. I will call the owner and the administrator to come."

At 8:40 am staff A placed a call to the administrator and the owner of the facility and left a message.

At 9:10 am surveyor placed a call to the facility owner and there was no answer. A message was left with the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Home Away From Home, Inc
2660 Sw69 Avenue
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a limited nursing services 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 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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