STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967082	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Time Home Care	8640 Sw 185 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And . S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Good Time Home Care Assisted Living Facility Home had deficiencies found at the time of the visit.

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

Based on observation, record review and interview the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility. This was evident for Staff B and C.

The findings include:

Observation on at approximately 9:00 AM revealed that Staff C was the only staff member present to care for the residents.

Observation made during the course of the survey on revealed that Staff C was providing personal services to residents.

Record review request for Staff C's personnel records on showed there was no records were available for review.

Personnel record review on showed Staff B did not have current training in and First Aid. Staff B's training expired on .

Interview conducted with Staff B on at approximately 3:15 PM. confirmed that Staff C did not have current training in and First Aid and his training expired on .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 3 staff (Staff C).

The findings include:

Record review for Staff C, (caregiver) had no documentation that she completed the initial 4 hour medication training.

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On at about 1:10 PM Staff C stated that she assists the residents with self-administeration medications.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have facility staff records containing an employment application and background screening.

The findings include:

Observation conducted on revealed that Staff C was assisting the residents with personal care.

Record review and request for Staff C's personnel record on revealed that no record was available in the facility for this staff.

On at about 8:45 AM. Staff E stated that she has been working in the facility for two months.

Interview conducted with Staff B on at about 3:15 PM confirmed that no record was available in the facility for Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Good Time Home Care
8640 Sw 185 Street
Miami, FL 33157

Dear Administrator:

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 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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