STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932534	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Esther Home Care Inc	13908 Sw 26 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/26/2014
0054-Medication - Records-08/26/2014
0055-Medication - Storage And Disposal-08/27/2014
0057-Medication - Over The Counter (otc) Products-08/26/2014
0078-Staffing Standards - Staff-
0079-Staffing Standards - Levels-
0080-Training - Core & Competency Test-
0081-Training - Staff In-Service-
0090-Training -
L243-Lmh - Training-

Revisit Repeat Tags:
0161-Records - Staff-58a-5.024(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A standard biennial revisit survey was conducted on 08/26/2014. Esther Home Care Inc had deficiencies at the time of the survey.

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

Based on record review and interview, the Assisted Living Facility failed to a copy of job application and documentation verifying freedom from signs and symptoms of communicable and for the manager.

Findings include:

Review of facility's manager record showed there was no evidence of a completed job application and documentation verifying freedom from signs and symptoms of communicable and

In an interview with secretary/caregiver_B on at 2:50 p.m. revealed she confirmed that facility did not have job application and physical examination for the manager.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Esther Home Care Inc
13908 Sw 26 Terrace
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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