STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rebecca Home Care Inc	2383 NW 111th Avenue Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Rebecca Home Care. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review, the facility failed to ensure that unlicensed staff who provide assistance to residents who self- administer their medications, followed the correct medication administration procedures and guidelines, for 1 out of 6 sampled residents observed during the medication pass (Resident #5).

The findings include:

On [redacted] at 12:05 PM, observation of the Medication Pass by Aide B revealed that she did not follow the medication self-administration protocol while assisting Resident # 5. She was observed washing her hands and opening the medication cabinet and retrieving the medications from a small bin. She then opened the Medication Observation Record (MOR) and checked the medications that Resident #5 is supposed to take at noon. She then put the medications into a soufflé cup. The pills are identified according to the MOR as: a) [redacted] 2 mg tab. b) [redacted] 750 mg tab c) [redacted] 2 mg tablet. Then she signed the MOR.

The Aide thereafter walked from the dining [redacted], where she prepared the medications, to the Resident's [redacted]. She approached her and handed the medication to her without letting her know what medications she was being given. An interview with Aide B immediately after, at 12:14 PM, confirmed that she was not completely sure of the Medication Self-Administration process. She said that she did every correctly.

During an interview with Resident #5 on [redacted] at 12:15 PM, revealed that she was aware that she was given three pills and did not know what they were. She further indicated that she would prefer to be informed of the medications she is given.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rebecca Home Care Inc	2383 NW 111th Avenue Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During an interview with the Administrator on at 12:18 PM, she confirmed the Aide did not follow proper procedure by signing the MOR before giving the medications.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interviews, the facility failed to ensure that all newly hired direct care staff had completed the required in-serve trainings within 30 days of employment, for 1 out of 3 sampled employee records reviewed (Employee B).

The findings include:

Record review of Employee B's file revealed this employee is a home health aide who provides direct care to residents (date of hire on had no verification of having completed the following trainings.

a) ADL and Behavioral Needs Training

b) Incident reporting training

c) Elopement response training

d) Emergency preparedness & Evacuation training

During an interview with the Administrator on at 2:00 PM, she stated that Employee B had received aforementioned trainings but she was not sure where she put the training certificates. At the conclusion of the survey, the Administrator still had not provided evidence Employee B had completed the in-service trainings.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interviews, the facility failed to ensure that 2 out of 3 employees (Employee B and C) had received training in the facility's policy and procedures regarding within 30 days of employment.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rebecca Home Care Inc	2383 NW 111th Avenue Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

a) Employee record review on revealed that Employee B hired on , had no proof of having completed the training . The training certificate was not on her file.

b) Review of Employee C's record revealed that she was hired on , record review on revealed that Employee C, had no proof of having completed the training . The training certificate was not on her file.

During an interview with the Administrator on at 2:00 PM, she acknowledged the findings and was unable to provide any additional information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Rebecca Home Care Inc
2383 NW 111th Avenue
Sunrise, FL 33322

RE: Relicensure survey

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 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 Davvis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com