STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966213	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TI Sea Home Care Services	14031 Sw 39 St Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on . TL Sea Home Care Services had the following deficiencies:

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, record review, and interview the facility failed to have freedom from communicable including ( ) statements for 1 of 5 (#3) facility staff. The facility failed to have evidence of a negative examination must be documented on an annual basis for 1 of 5 (#5) facility staff.

Findings as followed:

On at 10:00 a.m. staff #3 was observed cleaning the facility including common areas and residents'

Record review documented the facility failed to have documentation of freedom from communicable including for staff #3 (hired on). Record review showed the last freedom from communicable including statement for staff #5 was dated .

On at 11:00 a.m. the facility's administrator acknowledged the facility failed to document freedom from communicable including for staff #3 and the exam for staff #5 adding, the last documentation of freedom from for staff #5 was dated .

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have 1 of 5 (#5) facility staff trained in 2 hours of nutrition and food service, on annual basis.

Findings as followed:

Record review documented the facility failed to have documentation of the nutrition and food service on annual basis for staff #5 who is in charge of facility's food service. The last nutrition and food service training for staff #5 was dated .

On at 11:30 a.m. the facility's administrator acknowledged the facility failed to have staff #5 trained in nutrition and food service annually.

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Class III

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

Based on record review and interview the facility failed to have 2 of 5 (#4, #5) facility staff trained in the facility policies and procedures regarding ( ).

Findings as followed:

Record review documented the facility failed to have documentation of the training for staff #4 (hired on) and staff #5 (hired on).

On at 11:00 a.m. the facility's administrator acknowledged the facility failed to have staff #4 and #5 trained in .

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 of 5 (#4) facility staff trained in 6 hours of limited mental health (LMH) approved by Department of Children and Families (DCF) within six (6) months of employment.

Findings as followed:

Record review showed the facility failed to have staff #4, hired on , trained in 6 hours LMH within 6 months of employment.

On at 11:00 a.m. the facility's administrator stated staff #4 did not received the Limited mental health training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
TI Sea Home Care Services
14031 Sw 39 St
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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