| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967210** | **10/21/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Mom & Daughter Home Care Inc** | **9640 Sw 161 Place Miami, FL 33196** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Biennial survey was conducted on / . Mom & Daughter Home Care Inc. had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to have 1 of 3 (#1) facility staff trained in 2 hours of continuing education with assistance with self administration of medications.

Findings as followed:

Record review showed the facility failed to have staff #1 (administrator) trained in 2 hours of continuing educations with assisting with self administration of medications. Record review showed the last continuing education training for staff #1 was dated .

On / at 11:30 a.m. the facility's administrator acknowledged the facility failed to have the assistance with self administration training for staff #1 available for review.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**

Based on record review and interview the facility failed to have the weights recorded at admission for 1 of 2 (#2) sampled residents. The facility failed to have a signed inform consent to assist with self administration of medications for 1 of 2 (#2) sampled residents.

Findings as followed:

Record review showed the facility failed to have the weight recorded at admission and a signed inform consent to assist with self administration of medications for resident #2, admitted on .

On / at 11:45 a.m. the facility's administrator acknowledged the facility failed to have the weight recorded and a signed inform consent to assist with self administration of medications for resident #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mom & Daughter Home Care Inc
9640 Sw 161 Place
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a Standard 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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