STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Home Care I	**435 East 31 Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Professional Home Care I had deficiencies at time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record review, and interview the facility failed to have signed consent forms for the use of half bed rails for 9 out of 16 sampled residents (#3, #4, #7, #10, #12, #13, #14, #15 and #16).

Findings included:

Facility tour on from 8:50 am to 9:10 am found the following:
- observed that the beds in # belonging to residents # 12 and # 7 had half bed rails attached to them.
- observed that the bed in # belonging to resident # 10 had half bed rails attached to it.
- observed that the beds in # belonging to residents # 3 and # 4 had half bed rails attached to them.
- observed that the beds in # belonging to residents # 13 and # 14 had half bed rails attached to them.
- observed that the bed in # belonging to resident # 15 had half bed rails attached to it.
- observed that the bed in # belonging to resident # 16 had half bed rails attached to it.

Record review of residents' records revealed that the residents mentioned above did not have signed consents by the residents or resident representatives for use of half bed rail in the facility.

On at 11:00 am the administrator stated, "We are checking all the charts and replacing old forms with new ones, probably we misplaced them."

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed appoint in writing a separate manager for each facility that the administrator supervised.

Findings included:

Record review revealed that the administrator supervised two (2) facilities. Record review found the facility did not have a manager appoint in writing for each facility the administrator supervised.

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On at 11:15 am the administrator stated that he supervised 2 facilities and that he does not have a manager for each facility because he thought it was not necessary as the facility are side by side.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation and interview the facility failed to have a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observed during the tour of the facility on at 8:45 am that the facility did not have staffing schedule for the month of available for review.

Interview on at 2:14 PM with the administrator confirmed that the facility have a schedule. He stated he did not have time to write and post the staffing schedule for the month of .

Class III

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

Based on record review and interview facility failed to make sure that unlicensed staff that provides assistance with self-administration of medications obtain annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 3 out 3 sampled staff (A, B, and C).

Finding included:

Record review of staff A, B, and C revealed that the last training in assistance with self-administration of medications was four (4) hours and was dated //.

On at 12:30 pm the administrator stated, "I did not realize that a year already passed since the last training. I will make sure we all get a new training as soon as possible."

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to have a 3-day supply of water for a census of twenty-two (22) residents.

Findings included:

Facility tour on at 8:47 AM found the emergency food closet did not have an emergency supply of water.

The caregiver stated during the tour that she did not know what happened, " I needed to ask the administrator."

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Interview with administrator on at 2:14 PM. confirmed the facility did not have a 3 day supply of emergency water for a census of 22 residents.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observations, record review, and interview the facility failed to have documentation that the facility's emergency management plan was reviewed. The facility also failed to have fire safety inspections within the last 2 years.

Findings included:

Facility tour on at 9:30 AM observed that the comprehensive emergency management plan was dated . The fire inspection was dated .

Record review revealed that the facility did not have any documentation that the comprehensive emergency management plan was reviewed. Record review revealed that the last fire inspection conducted at the facility was dated . The facility did not have the first inspections for the last two years.

On at 9:30 AM, the administrator stated that the fire inspection was done in , but that he did not know what happened to the certificate. Interview on at 2:14 PM with the administrator he stated that he submitted the new emergency plan but that the person had no faxed him the new one yet.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure that staff that had the last screening conducted on or before , 2004 was rescreened by , 2013 for 1 out of 3 sampled staff (B).

Findings included:

Record review of staff B (hired on) revealed that the last Level I Background screening was conducted on and she was eligible to work. Record review also revealed that a Level II Background Screening has been in process since 12, 2012.

AHCA Background Screening Unit review revealed that the reason that the background screening stills in process is that the social security number was wrong.

Staff B stated on interview on , 2014 at 1:45 pm, "I do not know what happened with the results, I thought that I did not have to check anymore and that they would send the results on the mail."

Administrator stated on interview on , 2014 at 1:50 pm that he would go to the place where the employee had the screening and provide them with the right social security number.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

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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