STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967641	10/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Home Care Alf, Inc	2931 Nw 106 Street Miami, FL 33147	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on , 2014. Florida Home Care ALF, Inc. had the following deficiencies at time of the survey:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure 2 out of 5 (#1 and 2) sampled residents had completed health assessment that specified whether the individuals required any assistance with self -administration of medications and whether they were elopement risks.

Findings included:

Record review on / at (@) 10:00 a.m. revealed that resident #1's most current health assessment did not specify whether the resident required any assistance with the administration of medications. Further review revealed that residents 1 and (&) 2's most current health assessment did not have specify if they were elopement risks.

An interview on / @ 10:40 a.m. with the administrator confirmed that the health assessment for resident #1 did not specify whether the resident needed assistance with self-administration of medications. Further interview on / @ 11:00 a.m. with the administrator confirmed that the health assessment for residents #1 & 2 did not specify whether the residents were elopement risks.

Class III

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

Based on observations and interview the facility failed to honor resident rights for privacy for 2 out 5 (#4 and 5) sampled residents.

Findings included:

Observation on / at (@) 8:23 a.m. that staff B changed resident #1 clothes with the door

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opened (#_) and assisted resident #5 inside of the the door opened. Further observation during tour on @ 9:20 a.m. revealed that the facility had two machines that belonged to residents #1 & 3 in # (both residents did not resident in this) which was were another resident resided.

An interview on @ 2:30 p.m. with the administrator and staff B, they acknowledged that the facility failed to honor residents' rights for privacy.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the facility failed to have over the counter (OTC) medication labeled with the resident's name for 1 out of 5 (#3) sampled residents.

Findings included:

Observation on at (@) 9:20 a.m. found resident's #3's OTC medications on top of the dresser and they were not labeled with the resident's name.

Interview on @ 10:00 a.m. with staff C confirmed that the resident #3's OTC medications were not labeled. Interview on @ 11:17 a.m. with staff C revealed that she did not know that OTC needed to be labeled.

Class III

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

Based on record review, observation, and interview the facility failed to ensure 1 out of 6 (# 2) sampled residents had a power of attorney (POA), health surrogate, or guardianship paperwork prior to having family members sign admission forms.

Findings included:

Record review on at (@)10 a.m. revealed that resident # 2 had an informed consent to assistance with medication by unlicensed personnel signed per a family member. Record review found the facility did not have evidence of a POA, health surrogate, or guardianship documents for resident #2.

Observation on @ 1:00 p.m. revealed that the administrator looked through the resident's file and he was not able to locate any documentation that authorized the family member to sign the form. He acknowledged that resident #2 did not have a power of attorney or any other document that authorized any family member to signed resident 's forms.

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Class III

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

Based on record review and interview the facility failed to ensure 1 out of 4 (B) staff to receive a minimum of 6 hours of limited mental health training provided by or approved by the Department of Children and Families within 6 months of employment.

Findings included:

Record review on / at (@) 10 a.m. of staff B (hire date) revealed the facility did not have any documentation that staff B completed the required 6 hours of limited mental health training within 6 months of employment.

The administrator stated on _ _/ @ 1:00 p.m. "She does not have it."

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility failed have documentation of the qualifications of the contracted limited nursing services (LNS) nurse.

Findings included:

Record review on / at (@) 10:00 a.m. found the facility had a contract with a nurse to provide LNS. The facility did not have documentation of the nurse's license available for review.

Interview on / @ 12:00 p.m. the administrator acknowledged the facility failed to have documentation or the qualifications (license) of nurse contracted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Florida Home Care Alf, Inc
2931 Nw 106 Street
Miami, FL 33147

Dear Administrator:

This letter reports the findings of a Change of Ownership 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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