STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	10/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Madelin Home Care Corp	2980 Sw 103 Ct Miami, FL 33165	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Madelin Home Care Corp had the following deficiencies found at time of the survey:

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

Based on record review and interview the assisted living facility failed to have evidence that 1 out of 4 (staff D) sampled staff members had a freedom from communicable including ( ) statement.

Finding included:

Record review on at 11:20 a.m. showed that Staff D (hired) did not have any evidence of a freedom from communicable statement.

Interview on at 11:26 a.m., Staff D acknowledged that she did not have the communicable and test in her personnel record.

Class III

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

Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (staff D) completed in-service training within 30 days of employment.

Finding included:

Record review on at 11:20 AM found that staff D did not have the following in-service training at the facility: Resident benavior and needs; providing assistance with the activities of daily living; Reporting major and adverse incidents; facility emergency procedures; Resident rights training; recognizing and reporting resident , neglect, and .

Interview with administrator on at 11:26 AM, she stated that staff D has been working at the facility from and she has some in-services training but not all.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Madelin Home Care Corp
2980 Sw 103 Ct
Miami, FL 33165

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
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