STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922174	11/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Laura's Elderly Homecare, Inc	19500 Sw 127th Avenue Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on I/ . Laura's Elderly Home Care, inc had the following deficiencies identified at the time of visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the facility failed to have accurate medication observation record (MOR) for 6 of 6 (#1, #2, #3, #4, #5, and #6) facility residents.

Findings as follow:

Record review on , 2014 showed the facility had an unnacurate medication observation record by having pre-signing the medications as being given until I/ , morning time.

Bingo review for the 6 facility residents documented the medications were given until the morning of I/ , as corresponded.

On I/ at 1:00 p.m. the facility administrator (staff #1) stated signed all residents medications as given, till I/ , morning time, by mistake.

Class III

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

Based on record review and interview the facility failed to have documentation of an annual fire inspection.

Findings as follow:

Record review documented the facility last fire inspection available for review was dated .

On I/ at 1:00 p.m., the facility administrator stated he believed the facility fire inspection was made but proof of it was misplaced.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to have an annual community support plan for 1 of 6 (#4) Limited Mental Health residents.

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	AL11922174	**11/18/2014**
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings as follow:

Record review showed the facility failed to have an annual community support plan and agreement for resident #4 (admitted on). Review showed the last annual community support plan was dated .

On / at 1:00 p.m. the facility administrator (staff #1) stated the faclity failed to have an up-to-date annual community support plan for resident #4.

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Laura's Elderly Homecare, Inc
19500 Sw 127th Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 18, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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