STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	10/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Stand Home Care Inc	721 Nw 13 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Good Stand Home Care Inc had the following deficiencies at time of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observations, record review, and interview the facility failed to have a written record of any significant changes for 1 out of 6 (#1) sampled residents.

Findings include:

Record review found resident receives home health service and recieves flush from RN daily. Resident #1 confirmed on she received flush this morning. Record did not have documentation of daily visits from to .

Interview with the administrator on at 3:00 PM says she thought the home health nurse left the note and acknowledge after review the file is not updated.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interviews the facility failed to provide scheduled activities to the residents.

Findings included:

Observation on @ 11:00 AM found the facility's activities calendar posted and it was not updated.

Interview with staff D on @ 1:45 AM he stated " It is difficult to keep activities with them."

Confidential resident interviews on from 10:00 AM to 11:15 AM revealed the facility did not offer activities to them.

Class III

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0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observations, record review and interview the administrator failed to ensure 2 out 4 (#A and B) sampled staff have minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Observations made on at 9:00 AM found staff B assisting with preparing meals.

Record record review on of employee files staff A (hired) and staff B (hired), did not have documentation verifying the 2 hours in nutirtion and food service training.

Interview with the administrator on at 3:20 PM acknowledge staff B and herself did not have the safe food handling training's and would get it soon.

Class III

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served on the menu. The facility failed to keep documentation of substitution on file.

Findings included:

Observation made on at 12:00 PM found that the residents were served white rice, fried fish, mixed vegetables, 1 banana and water.

Review of the menu has the lunch listed to be served as black beans, yellow rice with sauces, sweet plantae, salad and fresh fruit. The substitution was not documented at all. Record review also found that the facility was not documenting substitutions to the menu and keeping them on file for six months.

Interview with the staff D on at 1:51 PM, he stated that the facility made changes to the menu; however, the administrator stated that the facility was not documenting those changes to the menu at all.

Class III

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

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive a minimum of 6 hours training provided by or approved by the Department of Children and Families Services for 1 out of 4 (#A) sampled staff.

Finding included:

Record review on contained no documentation that for staff A (hired) had completed the required minimum 6 hours training for administrator and staff who are in direct contact with mental health residents.

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Interview with the administrator on at 11:20 a.m. acknowledge she does not have this training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Good Stand Home Care Inc
721 Nw 13 Avenue
Miami, FL 33125

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com