STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ibis Home Care Inc	15088 Sw 71 Lane Miami, FL 33193	
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was made on . Ibis Home Care had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to ensure that 1 of 2 (#5) sampled residents did not require 24 hour nursing. The facility failed to ensure that 2 of 2 (#3 and #5) sampled residents' health assessments were completed.

Findings as followed:

Record review found resident #3's most current health assessment (dated) did not indicate what type of assistance the resident needed with medications.

Record review showed the most current assessment (dated) for resident #5 stated that the resident required 24 hours nursing. Record review showed found that resident #5's health assessment did not have whether the resident had any .

On at 12:00 p.m. the facility administrator stated the assessment of resident #5 was completed incorrectly and added resident #5 does not need 24 hours nursing.

On at 12:10 p.m. the facility administrator stated the assessment of residents #5 was incomplete by not specifying whether resident has and resident #3 assessment was incomplete by not specifying the type of assistance with medications is needed.

Class III

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

Based on observation, record review, and interview the facility failed to have a half bed rail order for 1 of 5 (#3) sampled residents.

Findings as followed:

On at 7:40 a.m. observed resident #3 in bed with left side of bed with half rails up.

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Record review showed the facility failed to have a bed rail order for resident #3.

On at 11:55 a.m. the facility's administrator acknowledged the facility failed to have a bed rail order for resident #3.

Class III

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

Based on record review and interview the facility failed to have a negative examination on annual basis for 2 of 3 (#1 and #2) facility staff.

Findings as followed:

Record review showed the facility failed to have documentation of negative examinations on annual basis for staff #1 (administrator) and staff #2 (manager). Record review showed the last examinations for staff #1 and #2 was dated .

On at 11:40 a.m. the facility's administrator acknowledged that both staff members' last exams were dated .

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager who successfully pass the Core competency test.

Findings as followed:

Record review showed the administrator supervised two facilities. Record review found the facility failed to have a manager (staff #2, hired on) who successfully pass the CORE competency test.

On at 11:50 a.m. the facility's administrator stated the facility's manager (staff #2) received the CORE training but has not taken the CORE test yet.

Class III

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

Based on record review and interview the facility failed to have 2 of 3 (#1 and #2) facility staff trained in 4 hours of assisting residents with self administration of medications.

Findings as follow:

Record review sound the facility failed to have staff #1 (administrator) and staff #2 (manager) initial 4 hours of medication training.

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On at 11:40 a.m. the facility administrator acknowledged that staff #1 and #2 did not have the assisting with self administration of medications training (4 hours) at the facility.

Class III

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

Based on record review and interview the facility failed to have a power of attorney, health care surrogate, or proxy for 2 of 2 (#3 and #5) sample residents. The facility failed to have the weights record for 1 of 2 (#3) sample residents.

Findings as followed:

Record review showed the contracts and inform consent to assist with self administration of medications of residents #3 (admitted on) and #5 (admitted on) were signed by family members. The facility did not have a power or attorney, health care surrogate, or proxy for residents #3 and #5. Record review also showed the facility failed to have a weights recorded for resident #3 (required assistance with activities of daily living) at admission and every six months.

On at 11:50 a.m. the facility's administrator acknowledged the facility did not have a power of attorney, health care surrogate, or proxy for residents #3 and #5. The facility administrator stated the facility had no a weight records for resident #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ibis Home Care Inc
15088 Sw 71 Lane
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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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