STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967641	**12/09/2014**
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (#2014010784) survey was conducted on . Florida Home Care Assisted Living Facility Inc. had the following deficiencies found during the survey.

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

Based on record review and interview facility failed to have any documentation of a significant change for 1 out 3 sampled residents.

Findings includes:

Record review showed resident #3 was sent to the hospital on , 2014. There was no documentation as to why the resident was sent to the hospital or if the family was notified prior to his admittance.

Interview with the owner/administrator on at 10:00 am acknowledged that there were no documents accept for the discharge documentation the local hospital. The administrator went on the say the family was notified the resident was sent to the hospital after admittance.

Class III

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

Based on record review and interview facility failed to have any documentation in regards to 1 out 3 sampled residents.

Findings includes:

Record review showed resident #3 did not have a admission packet which includes demongraphic data.

Interview with the owner/administrator on at 10:00 am, he confirmed the findings in regards to resident #3 did not have a completed admission packet.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview facility failed to have a contract between the facility and one out of three resident at the time of admission to the facility.

Findings includes:

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Record review showed resident #3nor his family members had a signed and dated contract between the facility at the time of his admission on . There were no services or a daily,weekly or monthly rates attached to a contract between either party at the time of admission.

Interview with the administrator on at 10:00 am, confirmed resident #3 did not have a signed and dated contract between the facility and the resident at anytime during his admission to the facility on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014010784

Dear Administrator:

This letter reports the findings of a complaint investigation 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 2014010784
XG90

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