STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Millie Home Care	17810 Sw 137 Ct Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service 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. Millie Home Care had the following deficiencies at time of the survey:

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 B) completed in-service training within 30 days of employment.

Finding included:

Record review on showed that staff B did not have the elopement in-service training on record. Staff B was hire on .

During an interview on at 10:04 AM staff D stated " I don't know why elopement training is not available for review at the facility. "

Class III

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

Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (staff D) employees received the 3 hours of Continuing Training in Limited Mental Health every two years.

Findings included:

Record review on showed that facility failed to ensure that staff D received 3 hours of training in limited mental health. The last training was dated .

During an interview on at 10:56 AM, staff D acknowledged the findings and she stated " I will register for the limited mental health training updated."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Millie Home Care
17810 Sw 137 Ct
Miami, FL 33177

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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