STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	12/17/2014
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on , 2014. Millie Home Care had the following deficiencies at time of the survey:

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

Based on observation, interview, and record review, the Assisted Living Facility failed to have an accurate health assessment that showed the changes in condition for three (#2, #4, and #5) out of six sampled residents.

Findings included:

Observation on at 11:15 AM found caregiver_A feeding resident #5. Caregiver_A placed spoon inside resident #5's mouth.

In an interview with caregiver_A on at 11:24 AM revealed that she always fed resident #5.

Record review of resident #5's file revealed that health assessment (AHCA form 1823) completed on showed resident #5 needs assistance for all activities of daily living except for eating that he needed supervision and needs medication administration.

Observation on at 1: 10 PM revealed that resident #2 was disoriented to time and place and at times to person.

Phone interview with registered nurse from the hospice company on at 12:50 PM revealed that resident #2 and #4 were not capable to participate in self-medication administration.

Record review of resident #4 's file revealed that resident #4 received hospice services since and based on medical judgment of medical doctor on resident #4 was mentally and anomaly; also resident #4 was disoriented to time, person and place.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination documented on an annual basis for the nurse contracted to provide limited nursing services.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	12/17/2014
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)		

Record review of nurse's personnel file revealed that physical examination showed that contracted nurse last free of communicable including examination was on .

Phone interview with the nurse on at 12:20 p.m. revealed that she forgot to provide the new physical examination that stated she was negative to .

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have an active interdisciplinary care plan for hospice residents (#3 and #6).

Findings included:

Record review of resident #6 ' s file revealed that resident #6 received hospice services since and interdisciplinary care plan was valid since thru .
Record review of resident #3 ' s file revealed that resident #3 received hospice services since and interdisciplinary care plan was valid since thru .

Phone interview with the nurse from hospice company on at 12:50 PM revealed that resident #3 and #6 received hospice services and she did not have time to bring the new interdisciplinary care plan.

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 Limited Nursing Services Monitoring 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

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida