STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tlc Home, Inc	15101 Sw 87 Avenue Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . T L C Home, Inc. had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility's personnel records did not have current documentation verifying proof of freedom from communicable including for 1 out of 3 (A) sampled staff. The facility failed to have evidence of a negative ( ) examination documented on an annual basis for 1 out of 3 (B) sampled staff.

Findings included:

On at 10:45 AM employee record review revealed sampled Staff A. (hire date) did not documentation verifying proof of freedom from communicable including . Staff B last examination expired and the facility did not have an annual negative examination.

On at 1:45 PM the Manager stated that she did the test two days ago and that she has have received the results. For staff B, she stated that in 2011 her results came positive for which is the reason she had to do an X-Ray and the doctor told her that the results were good for five years.

Class III

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

Based on record review and interview the facility failed to ensure 3 out 3 (A, B and C) sampled staff member received a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

On at 10:45 AM record review found that the Manager's last 2 hour continuing education training in nutrition and food service was dated , Staff B's last training was dated , and Staff C's last training was dated . Record review found the facility did not have any documentation that the manager and staff had at least 2 hours of continuing education annually.

On at 1:45 PM interview with the Manager, she stated that she thought that the training was supposed to be done every two years.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tlc Home, Inc
15101 Sw 87 Avenue
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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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