STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vandor Homecare Inc	2110 North 46th Avenue Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services monitoring survey was conducted at Vandor Homecare, Inc. The facility had deficiencies identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that one of one sampled staff (Staff A) had documentation indicating that the employee was free from communicable (including

Finding include:

Review of the Licensed Practical Nurse file on revealed there was no documentation the nurse had a physical examination stating freedom from communicable including results.

During an interview conducted at 2:00 PM with the Administrator, she stated that a call will be placed to the nurse for the documentation. At the conclusion of the survey, no further documentation was provided for review by the Administrator.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that one of one sampled staff files reviewed had documentation that a Level II background screening was in the staff file.

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	AL11967911	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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Findings include:

Review of the Licensed Practical Nurse (Staff A) on revealed the facility did not have a copy of the nures's Level II background screening in the file.

During an interview conducted on at 2 PM with the Administrator, revealed she needs to get a copy of the Level II background screening from the nurse. At the conclusion of the survey, no further documentation was provided for review by the Administrator.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview, the facility failed to employ or contract with a Registered Nurse to supervise the Licensed Practical Nurse (LPN) in accordance with Chapter 464, F.S. and the prevailing standards of practice in the nursing community.

Findings include:

Review of the facility's license on revealed the facility has a Limited Nursing Services license. Upon request of the Registered Nurse's file whom the facility has contracted with to provide the LNS services, it was revealed the facility does not have a Registered Nurse at the facility and/or a contract with a Registered Nurse to oversee and supervise the LPN employed by the facility. Record review of the facility's records conducted on revealed the facility did not employ or have a contract with a Registered Nurse.

Interview with the Administrator on at 2:00 PM, revealed she did not employ or have a contract with a Registered Nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vandor Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

RE: Limited Nursing Services (LNS) Monitoring Survey

Dear Administrator:

This letter reports the findings of a Limited Nursing Services state licensure survey that was conducted on 2015 by a representative 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Maye-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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