STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Home Care Ii	447 East 31 Street Hialeah, FL 33013	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0127 - 429.275 (3) Fs; 58a-5.021(4) Fac - Fiscal - Liability Insurance S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on 26, 2015. Professional Home Care Corp. II had the following deficiencies at time of the visit:

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

Based on observation, record review, and interview the facility failed to ensure for 1 out of 3 (A) staff had evidence of a negative ( ) test documented on an annual basis.

Findings included:

Observation on at 8:00 AM found Staff A providing care and assisting a census of 14 residents.

Record review on at 11:00 AM revealed that Staff A's last test was on . The facility did not have evidence of a negative ( ) test documented on an annual basis for Staff A.

Interview on at 11:20 AM with the Administrator acknowledged that Staff A did not have an updated test.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have in-service training for 1 out of 3 (A) staff within 30 days of employment.

Findings included:

Record review on at 11:00 AM reveled that Staff A (hired) did not have documentation of receiving 1 hour of Safe Food Handling training within 30 days of employment.

Interview on at 12:40 PM with the Administrator revealed that Staff A did not have Safe Food Handling training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Home Care Ii	447 East 31 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0127-Fiscal - Liability Insurance 429.275 (3) FS; 58A-5.021(4) FAC

Based on observation and interview the facility failed to have Liability Insurance coverage at all times.

Findings included:

Observation on at 12:29 PM revealed that there was a Liability Insurance dated displayed on the board in office.

Interview on at 1:30 PM the Administrator acknowledged that the center did not have an updated Liability Insurance at time of survey.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have an employee application with references and job descriptions for 2 out 3 (A and B) staff.

Findings included:

Observation during tour on at 10:15 AM found Staff A was assisting residents #3, 4, and 5 during lunch time and Staff B was cleaning in the facility.

Personnel record review on at 11:45 am revealed that Staff A (hired date unknown) did not have an application references or a job description and Staff B did not have a job description.

Interview on at 12:12 PM the Administrator acknowledged that Staff A and B did not have job responsibility and /or application with references.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Professional Home Care Ii
447 East 31 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Monitoring 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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