STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	**01/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Home Care I	**435 East 31 Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= B

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 I had the following deficiencies at time of the visit:

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have a monthly activities calendar displayed.

Findings included:

Observation on at 10:09 am revealed that there was an activities calendar posted in the facility for 2012.

Interview on at 12:00 pm the Administrator acknowledged that the facility did not have an updated monthly activity displayed.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation and interview the facility failed to have a written staffing schedule for the month of

Findings included:

Observation on at 10:09 am revealed that there was a staffing schedule posted in the facility dated 2014.

Interview on at 12:00 pm the Administrator acknowledged that the facility did not have an updated staffing schedule for the month of

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to have a the current menu posted.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Professional Home Care I	**435 East 31 Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observation on at 10:09 am revealed that the facility's menu posted was dated from to , 2014.

Interview on at 12:00 pm the Administrator acknowledged that the facility did not have the updated menu displayed.

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 job description for 1 out 5 (Staff C) employees sampled.

Findings included:

Observation during tour on at 10:15 am revealed that Staff C was cooking in the facility at time of survey.

Personnel record review on at 11:45 am revealed that Staff D (hired on) did not have an employee job description in her file.

An interview with Staff C on at 10:20 am revealed that Staff C had all her in-services completed however, she was the cook for the facility.

Further interview on at 12:12 pm the Administrator acknowledged that Staff C did not have her job responsibility in her file.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Professional Home Care I
435 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

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