STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965986	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Izquierdo Home Care I	311 Sw 62 Ave Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Izquierdo Home Care I had the following deficiencies found at the time of the survey:

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview facility failed to discharge 1 out of 4 (#1)residents that no longer met continued residency criteria.

Findings included:

On at 10:00 AM observed Resident #1 was in bed. The Administrator tried to move her and sit her down but Resident #1 could not stand up or sit down on her own. Further observations in Resident #1's a baby bottle.

The Administrator stated the bottle was used to feed Resident #1. She stated that Resident #1 is on a puree diet and that when she does not want to get up she put her food in the baby bottle.

On at 10:03 AM the Administrator sat down Resident #1 on a sofa in the living I resident was observed at same position until the exit at 1:30 PM.

On at 10:05 AM during an interview with Resident #1 found that the resident could not speak much and that she had a lot of trouble communicating.

On at 11:10 AM record review showed that Resident #1's health assessment stated that the resident needed assistance with activities of daily living.

During the exit interview on at 1:30 PM the Administrator stated Resident #1 has been placed in hospice before and taken out because she did not meet the criteria.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure all over the counter (OTC) medications were properly labeled with the resident's name.

Findings included:

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On at 10:00 AM during the tour observed multiple OTC medications including and throat spray on shelf located in # . Observations found the medications did not have residents' name on it and only had the manufacturers' label.

On at 1:15 PM the Administrator acknowledged the findings and stated that she was going to label them properly and locked them up.

Class III

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

Based on record review and interview the facility failed to ensure 1 out of 3 (Staff B) sampled employees had activities of daily living (ADL) and resident behavioral needs, elopement response, and safe food handling training with 30 days of employment.

Findings included:

On at 12:30 PM employee record review found that Staff B's file did not have activities of daily living (AD , sident behavioral needs, elopement response, and safe food handling training with 30 days of employment. Staff B was hired on .

On at 1:15 PM the Administrator stated she thought Staff B had the training but apparently she was wro g.

Class III

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

Based on record review and interview the facility failed to ensure 1 out 4 (#2) sampled residents to had a power of attorney (POA), surrogate or guardianship documentation.

Findings included:

On at 11:10 AM record review found resident #2 (admitted on)'s family member is signed her adm documents including the contract without a documentation of a POA, surrogate or guardianship.

On at 1:15 PM the Administrator stated that she thought that because it was a family members (dau , igning all the documents the facility did not need a POA but she was going to request one.

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 1 out of 3 (Staff B)sampled employees received the 3 hours of continuing education every two years for Limited Mental Health training every two years.

Findings included:

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On at 12:30 PM record review for Staff B revealed the initial Limited Mental Health 6 hours training dated . The facility did not have documentation that Staff B received 3 hours continuing education every two years.

On at 1:15 PM the Administrator acknowledged the findings and stated, "I have to schedule him for the next training."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Izquierdo Home Care I
311 Sw 62 Ave
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Standard Beinnial 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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