STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sara Home Care	29100 Sw 172 Avenue Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts 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 . Sara Home Care had the following deficiencies at the time of the survey:

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to perform at least 2 elopement drills a year.

Findings as follow:

Record review showed the facility failed to perform at least two elopement drills per year. Record review found the facility's last elopement drill was performed on .

On at 1:00 p.m. the facility's Assistant Administrator acknowledged the facility last elopement drill was performed on .

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed ensure kitchen cabinets were maintained and the facility failed to provide a safe living environment.

Findings as follow:

On at 8:55 a.m. observed a section in the kitchen had cabinets that were missing doors. Electric cables and pipes were exposed and were easy to access.

On at 9:10 a.m. the Assistant Administrator stated the facility's Administrator removed the dishwasher. Adding the Administrator was planing to buy a new dishwasher as a replacement for the removed one.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have contracts for 2 of 3 (#3 and #5) sampled residents.

Findings as follow:

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Record review showed the facility failed to have an executed contract between the facility and Residents #3 (admitted on) and #5 (admitted on).

On at 12:15 p.m. the facility's Assisted Administrator stated the facility failed to have a contract between the facility and Residents #3 and #5 because they have family representing them that have failed to come and sign the contracts.

Class III

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

Based on record review and interview the facility failed to have 2 of 4 (A and D) sample staff trained in working with Limited Mental Health residents.

Findings as follow:

Record review showed the facility held a license with Limited Mental Health component. Record review showed the facility failed to have Staff A (Administrator, hired on) and Staff D (hired on) trained in 6 hours of specialized training in working with limited mental health residents within 6 months of employment.

On at 12:20 a.m. the facility's Assistant Administrator acknowledged the facility failed to have the Administrator and Staff D trained in 6 hours of specialized training in working with limited mental health residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030

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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