STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	02/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peace Home Care, Inc	5040 Nw 197 Street Miami, FL 33055	
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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2015. Peace Home Care, Inc had the following deficiencies found at time of the survey:

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

Based on record review and interview the facility failed to ensure qualified staff had proof of a negative examination documented on an annual basis for 1 out of 5 (D) sampled staff members.

Findings included:

On the staff schedule for 2015 showed Staff D worked Sunday through Friday from 12:00 PM to 8:00 PM.

Record review conducted on showed Staff D did not have documentation verifying proof of annual ( ) results. The last results for Staff D was dated and expired on .

Interview with the Staff D on at 3:30 PM acknowledged after review that Staff D's paperwork she did not have a current physical.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure 1 out of 5 (D) sampled staff members completed in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.

Findings included:

On the staff schedule for 2015 showed Staff D worked Sunday through Friday from 12:00 PM to 8:00 PM.

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Peace Home Care, Inc	5040 Nw 197 Street Miami, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review conducted on revealed Staff D file contained an expired First Aid and training's card dated / / and expired on / /. There were no documentation of current First Aid and training available.

Interview with the administrator on at 3:30 PM acknowledged Staff D did not have the current First Aid and training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based record review and interview the facility failed to ensure 1 out of 5 (D) sampled staff members successfully completed the minimum of 2 hours of continuing education training on providing assistance with self-administered medications annually.

Findings included:

On the staff schedule for 2015 showed Staff D worked Sunday through Friday from 12:00 PM to 8:00 PM.

Record review conducted on revealed Staff D file contained documentation of 4 hours medication training dated / / and expired / /. Staff D contained no documentation of 2 hours of continuing education training on providing assistance with self-administration of medication training annually at the facility.

Interview conducted on at 3:30 PM with Staff B verified Staff D gives medication when she works and that Staff D do not have the 2 hours medication training.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure 1 out of 5 (D) sampled staff have minimum of 2 hours continuing education in topics pertinent to nutrition and food service annually in an assisted living facility.

Findings included:

On the staff schedule for 2015 showed Staff D worked Sunday through Friday from 12:00 PM to 8:00 PM.

Record review conducted on of employee files showed Staff D did not have documentation verifying the current 2 hours in nutrition and food service training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	**02/04/2015**
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Peace Home Care, Inc	**5040 Nw 197 Street Miami, FL 33055**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview conducted on at 3:30 PM with Staff B verified Staff D does not have the 2 hours training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Peace Home Care, Inc
5040 Nw 197 Street
Miami, FL 33055

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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