STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942824	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Santa Teresita Home Care	538 West 40 Place Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
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 - 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

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Santa Teresita Home Care had deficiencies at time of the survey.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 out of 3 sampled residents (Resident #3).

Findings included:

Record review for sampled Resident #3 (admitted /' ') conducted on found no completed health assessment form (AHCA Form 1823).

On at 1:15 PM the Administrator stated, " The doctor was here to review all the health assessment in 2014 and 2015, his health assessment was done, however when the social worker and nurses visit they pull paperwork from the record and don't put it back. I will have the resident meet with the doctor and redo his health assessment."

Class III

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

Based on record review and interview the facility's personnel records did not include evidence of negative ( ) examination documented on an annual basis for 2 out of 4 (Staff B. and C.) sampled staff.

Findings included:

Personnel record review on revealed that sampled Staff B. and Staff C. employee file did not include evidence of negative examination. Staff B. evidence of negative examination had

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expired on / and Staff C. expired on .

On at 3:15 PM Staff A. stated " I will schedule them for test as soon as possible. "

Class III

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

Based on record review and interview the facility's personnel records did not include evidence of in-service training with 30 days of employment for 1 out of 4 (Staff C.) sampled staff.

Findings included:

Personnel record review on revealed Sampled Staff C. (hire date / /) did not include evidence of 3 hours of activities of daily living (ADL) and Behavioral Needs Training, Elopement Response Training, 1 hour of Emergency Preparedness & Evacuation Training, Incident Reporting Training, 1 hour of Resident Rights Training, Recognizing/Reporting , Neglect & Training.

On at 3:20 PM Staff A. stated " I will schedule the in-service training as soon as possible. "

Class III

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

Based on record review and interview the facility's personnel records did not include evidence of and First Aid training for 1 out of 4 (Staff B.) sampled staff.

Findings included:

Personnel record review on revealed sampled Staff B.'s First Aid and Training expired / .

On at 3:20 PM Staff A. stated " Staff B. will have the training completed by next week."

Class III

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

Based on record review and interview the facility failed to ensure that staff had received an annual 2

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hours of continuing education training on providing assistance with self-administered medication and safe medication practices for 2 out of 4 (Staff B. and C) sampled employees.

Findings included:

Personnel record review on revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff B. expired and Staff C. expired

On at 2:25 PM the Administrator stated, " I will call the nurse and schedule the training as soon as he can come to the Assisted Living Facility. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Santa Teresita Home Care
538 West 40 Place
Hialeah, FL 33012

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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