STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home, Inc	15101 Sw 87 Avenue Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0085-Training - Nutrition & Food Service-02/18/2015

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on 02/15/15. TLC Home, Inc. had the following deficiency at the time of the survey:

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

Based on interview and record review the facility did correct this previously cited noncompliance because it failed to provide evidence that 1 out of 4 sampled employees (Employee C) received a examination on an annual basis.

Findings Included:

Review of Employee C's record indicated that she last received a examination on with negative results. Further review of this employee's record indicated that she did not have any more current examinations performed.

In an interview with Employee C on at 6:17 a.m., she stated that her last examination was completed on .

In an interview with the facility's Manager on at 6:20 a.m., she stated that Employee C's examination had expired and was over the annual limit based on the employee's last examination on .

Uncorrected Deficiency

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2015

Administrator
Tlc Home, Inc
15101 Sw 87 Avenue
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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