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)		

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (201500159) survey was conducted on - TLC Home, Inc had the following deficiency at the time of the survey:

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self-administration of medication to one out of seven residents (Resident #7). The facility provided services to residents outside the current license capacity of six.

The findings are:

In an interview with the Caregiver on - at 5:05 am, she stated that there were seven total residents in the facility.

Review of the facility resident list indicated that Residents #1, 2, 3, 4 , 5 and 6 were permanent residents in the facility and Resident #7 was admitted to the facility on -.

In an interview with the Manager on - at 7:45 am, she stated that Resident #7 was initially supposed to be an adult day care participant but he was really a patient who spent the day and slept overnight in the facility.

In an interview with Resident #7's son on - at 8:30 am, he stated that his father had been living in the facility since 2011 and that the staff assisted him with his personal care and medications every day.

Review of Resident #7's health assessment dated on - indicated that the resident's address was the same as the facility's address. Further review of his assessment indicated that the resident was diagnosed with and , and he needed assistance with bathing and dressing and supervision with and toileting.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015000159

Dear Administrator:

This letter reports the findings of a state 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
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