STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966909	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lucy's Home Care	2005 Sw 97 Avenue Miami, FL 33165	
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 - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [illegible] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [illegible] S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Lucy's Home Care had the following deficiencies at the time of visit.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record and interview the facility failed to have 1 of 5 (#3) facility inappropriate residents.

Findings as follow:

On at 8:00 a.m. it was observed resident #3 (admitted on) in bed in upright position.
On Facility staff #2, who was present during facility tour, stated resident was no ambulatory.
On at a.m. the facility administrator stated resident #3 used to walk but now can not walk.

Class III.

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

Based on observation, record review and interview the facility failed to have 1 of 3 (#3) facility staff who provide direct care to residents with the required inservice trainings.

Findings as follow:

On at 8:00 a.m. it was observed staff #2 (hired on) assisting residents with the activities of daily living.
Record review documented the facility failed to have staff #2 trained in:
Reporting major and adverse incidents.
Facility Emergency procedures.
Residents rights in an assisted living facility.
Recognizing and reporting resident .
Resident Behavior and needs.
Providinbg assistance with the ADLs.

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Resident's elopement.

On at 11:00 a.m. the facility administrator acknowledge the findings adding staff #2 had no the mentioned trainings.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on observation,record review and interview the facility failed to have 1 of 3 (#2) facility staff trained in

Findings as follow:

On at 8:00 a.m. staff #2 was observed assisting facility residents with the activities of daily living.
Record review documented the facility failed to have staff #2 (hired on /2014) trained in and
On at 11:00 a.m. the facility administrator stated the facility failed to have staff 2 trained in and

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 1 of 3 (staff #2) facility staff trained in facility policies and procedures regarding 's.

Findings as follow:

Record review documented the facility failed to have staff #2 (hired on) trained in policies and procedures.
On at 11:00 a.m. the facility administrator stated the facility failed to have staff #2 trained in policies and procedures.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a complete Health assessment documenting the type of services 2 of 5 (#1 and #2) facility residents' needed.

Findings as follow:

Record review documented the facility failed to have a health assessment for resident #1 and #2 that telling the type

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of assistance residents needed when assisted with self administration of medications.
On at 11:00 a.m. the facility administrator stated the facility failed to have a complete health assessment who documented the type of assistance residents #1 and #2 needed with self administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lucy's Home Care
2005 Sw 97 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com