STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	03/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOUTH FLORIDA HOME SERVICES IN	140 NW 9 AVENUE MIAMI, FL 33128	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint (CCR# 2015000420) survey was conducted from , 2015 to , 2015. South Florida Home Services Inc. had the following deficiencies at time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination documented on an annual basis for four out of six sampled caregivers (Administrator, Caregiver_B, Caregiver_D and Caregiver_E) and the Nurse contracted to provide limited nursing services.

Findings included:

Review of Nurse's personnel file revealed that last documentation of negative examination was on . Review of the Administrator's personnel file revealed that last documentation of negative examination was on . Review of Caregiver_B's personnel file revealed that last documentation of negative examination was on . Review of Caregiver_D's personnel file revealed that last documentation of negative examination was on . Review of Caregiver_E's personnel file revealed that last documentation of negative examination was on .

Interview with the Administrator on at 11 AM revealed that she did not realize that tests expired; she thought that she and caregivers had tests done no long time ago.

Phone interview with Nurse contracted to provide limited nursing on at 1 PM revealed that he forgot to provide facility with his most recent doctor statement that indicated that he was free of .

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to have an accurate written work schedule.

Findings included:

Observed on at 9:05 AM that caregivers presented in the Assisted Living Facility were Caregiver_A and Caregiver_B.

Review of the written work schedule revealed that Caregiver_A and Caregiver_E were on schedule to work from 8 AM to 4 PM while Caregiver_B was on schedule to work from 4 PM to 8 AM.

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0079 Continued From page 1

Interview with Caregiver_B on at 9:18 AM revealed that Caregiver_E was not available to work and Caregiver_B was working her hours and Caregiver_E's hours.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to note substitutions before or when the meal was served.

Findings included:

Observed on at 11:57 AM found that the lunch was served at the dining . Resident had for lunch: lentils soup, mix salad, ham, American cheese, bread (2 slices) and fruit cocktail.

Menu was posted at the door outside the facility's kitchen. Menu posted was for week - . Menu was planned for lunch on : Soup of the day (8 oz), jam salad (3 oz) with bread (2 slices), tomatoes (1/2 cup), and pudding (1/2 cup). There was no documentation in the menu of the substitutions done by the facility.

Phone interview with the Administrator on at 3:41 PM revealed that she thought that menu had what was served for lunch on .

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the Assisted Living Facility failed to have staff that received a minimum of 6 hours of specialized training in working with individuals with mental diagnosis provided by the Department of Children and Families within 6 months of employment for one out of six sampled caregivers (Caregiver_D).

Findings included:

Review of Caregiver_D's personnel record revealed that Caregiver_D was employed on and Caregiver_D did not have probe of receiving minimum of 6 hours of specialized training in working with individuals with mental diagnosis provided by the Department of Children and Families (DCF).

Interview with the Administrator on at 2 PM revealed that she did not find the DCF training of 6 hours of specialized training in working with individuals with mental diagnosis for Caregiver_D.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOUTH FLORIDA HOME SERVICES IN	**140 NW 9 AVENUE MIAMI, FL 33128**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
South Florida Home Services In
140 Nw 9 Avenue
Miami, FL 33128

RE: CCR #2015000420

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 27, 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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