STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	**03/30/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ESTEVEZ HOME CARE CORP	**3900 SW 122 AVENUE MIAMI, FL 33175**	

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

0000 - Initial Comments

A Change of Ownership (CHOW) Survey was conducted on . Estevez Home Care Corp had deficiencies found at time of survey.

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

Based on record review facility failed to have a residents health assessment dated on the day of the examination.

Findings included;

1. Record review revealed that resident 3's (admitted on) health assessment was not dated on the time of the examination was taken with the doctor.

2. Interview with the administrator on at 4:00 pm, the administrator confirmed the findings the doctor not signing off on the residents health assessment on the day of the examination.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and tour the facility failed to privacy for two residents in the same using a portable toilet without a privacy curtain.

Findings included:
1. Observation during tour of # observed two portable toilets in the were located by the doorway when entering the . Photo was taken of the toilets.

2. Interviewed the Administrator on at 11:00 am, Administrator confirmed the findings in regards that there were privacy curtains in # for the residents to use when using the portable toilets.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Estevez Home Care Corp
3900 Sw 122 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on 30, 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 Supevrisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
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