State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966909	A. Building B. Wing	4/15/2015

Name of Facility	Street Address, City, State, Zip Code
LUCY'S HOME CARE	2005 SW 97 AVENUE MIAMI, FL 33165

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC	
ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 05/04/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966909	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 15, 2015. Lucy Home Care had the following deficiencies at time of the survey.

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

Based on record observation, record review and interview the facility failed to update a significant change on the health assessment (Form 1823) for one out of six (#3) sampled residents.

Findings included:

Observation on revealed that Resident #3 was on bed (upright) with her mouth open, but she was awoken.
Record review on at 12:33 pm revealed that Resident #3's health assessment (Form 1823) did not have indication that she is a hospice resident.
Further record review on revealed that Resident #3's health assessment in dated on , and Resident #3 ' s hospice services started from .
Interview on at 1:31 pm with Administrator revealed that she acknowledged that Resident #3 did not have an updated health assessment at time of survey.
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 Revisit Survey conducted on 15, 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

Enclosure
AMD:kb

BBT7

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