STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968498	04/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOLUTIONS HOME CARE SERVICES II, INC	16910 SW 119 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Solutions Home Care Services, Inc had the following deficiencies found at time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview the facility failed to ensure that 1 out of 7 (#1) sampled residents met admission criteria and did not require total care with activities of daily living. The facility failed to ensure that 1 out of 7 (31) sampled residents admitted to the facility needs for medication administration could be met.

Findings included:

Record review on showed that Resident #1 (admitted on). Health assessment dated stated the resident needed medication administration and required total assistance with bathing. Record review found the facility did not have licensed personnel to administer medications to Resident #1.

On at 1:35 PM attempted interview with Resident #1 but resident was and unable to complete interview

During an interview on at 1:35 PM the Administrator stated that the Resident #1 stayed at the facility for 3 days only.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to have medications secured at all times.
Findings included:
Observation during the facility tour on at 10:25 AM showed that # designated for Residents # 4 and #6 had unlocked medication on the nightstand, Silver 1 % for Resident #3.
During an interview on at 10:35 AM with the Administrator stated "I don't know why this medication is here."
Class III

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

Based on record review and interview the facility failed to have evidence of a negative ( ) annual examinations for 2 out of 4 (the Owner and Staff B) sampled staff.
Findings included:
Record review on showed that the Owner's last freedom from communicable statement was

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

0078 Continued From page 1

dated . . . . / / . . Further review for Staff B showed that last freedom from examination documentation was dated . . . . . Record review found that the facility did not have any evidence of a negative annual examinations for the Owner and Staff B.
During the exit interview on at 3:30 PM the Administrator stated that physicals were needed for the Owner and Staff B.
Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview the facility failed to have current inspections records available for review.

Findings included:

Observation during the facility tour on at 10:25 AM showed the facility last sanitation inspection was dated and the facility did not have the emergency management plan approval.

The facility record review on showed the facility did not have an yearly satisfactory sanitation inspection from department of health and the emergency management plan approval.

During an interview on at 10:27 AM the Administrator, acknowledged that department of health inspection report expired and the emergency management plan letter of approval is not available for review.

Class III

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

Based on record review and interview, the facility failed to have resident consent forms for unlicensed personnel assisting with self-administration of medications for 1 out of 7 (#1). Facility failed to have weights recorded at the time of admission for 1 out of 7 (#1) sampled residents.
Findings included
Record review on showed that Residents #1 did not have signed consent form for unlicensed personnel assisting with self-administration of medications and did not have weights recorded at the time of admission for Resident #1 (admitted on). Resident #1's health assessment dated showed that she needed assistance with ambulation, dressing and
During an interview on at 1:35 PM the Administrator stated that the Resident #1 stayed at the facility for 3 days only. I sent the document for her daughter to sign and return to me.
Class III

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

0165 Continued From page 2

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on observation, record review, and interview the facility failed to submit a 1 day and 15 days adverse incident report for 1 out of 7 (#2) sampled residents
Findings included:
During a facility tour on at At 11:57 AM found Resident #2 was sitting in a wheelchair in the dining a right eye, and a bump on his forehead.
Facility record review on showed that facility did not have any incident report for the last two years
Resident record review on showed Resident #2 did have a incident and he was transferred to the hospital and was discharge on at 12:11 with reason of the visit: / Near : right eye.
Furthermore reviewed resident #2 record and the facility did not have any documentation about the incident.
During an interview on at 12:00 PM the Administrator stated, Resident #1 at night time. He was transferring from the bed to the wheelchair. He and I sent him to the hospital for observation. He was discharge from the hospital on . The Administrators confirmed that the facility did not have any documentation.
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed a contract at or prior to admission for 1 out of 7 (#1) residents sampled.
Findings included:
Record review on showed that Resident #1 (admitted on) did not have an executed a contract.
During an interview on at 1:35 PM the Administrator stated Resident #1 was at the facility only for 3 days and the facility had not executed and entered into a contract with Resident #1 because I sent documentation to her daughter and she need to returned to me.
Class III

0189 - ADCCs in ALF - FS 429.905 (2); 58A-6.013 (2-3) FAC

Based on observation and interview the facility failed to ensure that 1 out 7(#7) daycare participants was not in physical at the assisted living facility.
Findings included:
Observation on at 10:00 AM showed that Daycare Participant (#7) sat in a wheelchair with red belt used as a physical on both sides of the of wheelchair.
During an interview on at 10:10 AM Staff C stated, " She just came like that today." She stated transportation dropped her here with that belt .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Solutions Home Care Services Ii, Inc
16910 Sw 119 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial 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
XG90

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