STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	04/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DIAZ HOME CARE ALF, INC	13481 SW 268 TERRACE HOMESTEAD, FL 33032	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Diaz Home Care ALF, Inc had the following deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to provide a Health Assessment for one out of five (Resident #1 and #5) sampled residents record reviewed.

Findings Include:

Request for Resident #1 on (admitted on) health assessment revealed there was no record was available in the facility for this resident.

Review of Resident #5 record on at 12:30 PM showed it did not contain the required health assessment form (AHCA Form 1823). Resident #5 was admitted to the facility on .

During an interview on at 3:20 PM, the facility administrator stated that in-fact the examining physician had not completed the health assessment for Resident #1 and #5.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for one out of five sampled residents (Resident #1).

Findings include:

Review of Medication Observation Record (MOR) showed that the facility did not maintain daily medication observation record (MOR) for Resident #1.

Interview conducted on at 2:45 PM, the facility administrator stated that he provides assistance with the self-administration of medication to Resident #1.

Class III

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0078 Continued From page 1

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

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for one out four staff (Staff B) records reviewed.

Findings included:

Personnel record review for Staff A, administrator, found they did not have annual documentation of proof of freedom from . The last statement on file for Staff A was dated .

Interview conducted on at 2:45 PM, the facility administrator confirmed that he did not have the updated documentation of freedom from .

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview, the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility. This was evident for Staff B.

Findings include:

Observation on at 10:50 AM showed Staff B was the only staff in care of the residents and providing personal services to them.

Record review and request for Staff B on showed that there was no record available in the facility for this staff.

Interview conducted on at 12:45 PM, Staff B stated "I have been working in the facility for three weeks."

Interview conducted on at 2:45 PM, the facility administrator stated Staff B did not have /First Aid training certificate or card.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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0152 Continued From page 2

Based on observation and interview, the facility failed to provide a safe environment for one out of five residents.

Findings include:

Observation on at 11:10 AM showed that there was a daybed located in the living . Resident #2 resides in the garage.

Interview conducted on at 2:45 PM, the facility administrator stated "I use the bed located in the living to sleep when I work at night. We converted the garage to a resident but I did not inform Tallahassee regarding this change."

Class III

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

Based on observation, record review and interview, the facility failed to maintain an up-to-date admission and discharge log for two out five sampled residents (Resident #1 and #5). The facility failed to have proof of a satisfactory annual fire inspection. The facility failed to provide proof of documented resident elopement response drills.

Findings include:

Observation on at 11:05 AM showed that Resident #1 and #5 were observed sitting in the living other facility residents.

Review of the admission and discharge log on showed that Resident #1 and #5 were not listed on the log. Resident #1 was admitted on and Resident #5 was admitted on .

Review of facility record on at 1:00 PM showed a fire inspection dated / had one violation "Expand fire alarm coverage into garage conversion if serving as a sleeping (permit is require). Discontinue use of installation is complete."

Review of the elopement drills showed that the most current resident elopement drills on file were from and .

Interview conducted on at 2:30 PM, the facility administrator stated "I am going to add Resident #1 and #5 to the admission and discharged log. We are waiting that the fire department conduct a re-inspection in the facility. We completed the work on ." He confirmed that no elopement drill was conducted this year.

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0160 Continued From page 3

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview, the facility failed to provide evidence of personnel records containing a copy of the employment application, and documentation of compliance with level 2 background screening for one out two (Staff B) sampled staff.

Findings included:

Observation on at 10:50 AM showed Staff B was in care of the residents and providing personal services to them.

Record review and request for Staff B on showed that no record was available in the facility for this staff.

Interview conducted on at 12:45 PM, Staff B stated "I have been working in the facility for three weeks."

Interview on at 3:00 PM, the administrator acknowledged that staff B did not have an employment application with references and documentation of compliance with level 2 background screening.

Class III

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

Based on record review and interview, the facility failed to ensure that resident records include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication for one out five sampled residents (Resident #1). The facility failed to have demographic information for one out of five sampled residents (Resident #1). The facility failed to record weights at admissions for two out of five sampled residents (Resident #1 and #5).
Findings include:

Record review and request for Resident #1 on at 11:55 PM, showed that no record was available in the facility for this resident. There was no evidence that a written informed consent was obtain from Resident #1 or his surrogate, guardian, or attorney-in-fact's. There was no evidence of demographic information. There was no evidence that his weight was recorded at the time of the admission.

Review of Resident #5 record on at 12:00 PM, showed it did not contain the weight recorded at the time of

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0162 Continued From page 4

the admission. Resident #5 was admitted on .

Interview conducted on at 2:45 PM, the facility administrator stated that he provides assistance with the self-administration of medication to Resident #1. He confirmed that he did not complete demographic form to Resident #1 and he did not recorded the weight at the time of admission for Resident #1 and #5.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have a resident contract with the facility executed at or prior to admission for one out five sampled residents (Resident #1).

Findings include:

Record review and request for Resident #1 on revealed that no record was available in the facility for this resident. Resident #1 was admitted on .

There was no Resident' #1 contract with the facility executed at or prior to admission.

Interview conducted on at 2:45 PM, the facility administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #1.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis and submit it to the county emergency agency for review and approval.

Findings include:

Observation and record review of the facility's posted Emergency Management Approval letter on showed the facility's Emergency Plan was approved on / / .

Interview on at 3:00 PM, the administrator stated that the facility did not have the emergency management plan review and approval on an annual basis.

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0181 Continued From page 5

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review and interview the facility failed to provide evidence of Level II background screening for Staff B.

Findings include:

Observation on at 10:50 AM showed Staff B was in care of the residents and providing personal services to them.

Record review and request for Staff B on showed that no record was available in the facility for this staff.

Interview conducted on at 12:45 PM, Staff B stated "I have been working in the facility for three weeks."

Background screening website was reviewed during the survey showed that there was no evidence of the Level II background screening done for Staff B.
Interview conducted on at 2:45 PM, the facility administrator stated "Staff B did her Level II backgroung screening already but I do not have the results."

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Diaz Home Care Alf, Inc
13481 Sw 268 Terrace
Homestead, FL 33032

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

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