STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	05/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VANDOR HOMECARE INC	2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Vandor Homecare. The facility had deficiencies found at the time of the visit.

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

Based on observation, record review, and interviews, the facility failed to ensure 1 out of 3 employees (Staff B) had a current physician's statement indicating freedom of communicable and 2 out of 3 employees (Staff A and B) had a physician's statement indicating freedom of on an annual basis.
The Findings Include:
Record review conducted on of employee files revealed Staff B, a Housekeeper and Resident Attendant, did not have a physician's statement documenting that 30 days after hire, she was free of signs and symptoms of a communicable including on an annual basis. Record review indicated Staff A, a Home Health Aide, hired on had a communicable statement dated However, this statement did not indicate freedom of
The Administrator stated on at 9:45 AM that Staff B is a housekeeper and does not assist the residents.
Staff B was observed on at 11:39 AM assisting a respite/daycare resident by pushing her in a wheelchair to the table.
In an interview conducted on at 11:58 AM, Staff A stated she did not have an x-ray indicating she was free from The Administrator stated she thought Staff A had an x-ray done.
Staff B stated on at 12:04 PM that she assists the respite/daycare resident to the table and the
Staff B stated she changes the resident's adult briefs at times. When brought to her attention, the Administrator, acknowledged on at 1:00 PM that Staff B does provide direct care at times to residents.
Class

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review and interviews, the facility failed to ensure 1 out of 3 employees (Staff B) who provide direct care to residents had received the required in-service trainings within 30 days of employement.

The Findings Include:

Record review conducted on of employee files revealed Staff B, hired on did not have the required training within 30 days of employment as follows: 1 hour Control; 3 hours Activities of Daily Living (ADLs) and Behavioral Needs; 1 hour Elopement Response; 1 hour Emergency Preparedness and Evacuation; 1 hour Incident Reporting; 1 hour Resident Rights, and 1 hour on Recognizing Neglect, and
The Administrator stated on at 9:45 AM that Staff B is a housekeeper and does not assist the residents.
Staff B was observed on at 11:39 AM assisting a respite/daycare resident by pushing her in a wheelchair to the table.
Staff B stated on at 12:04 PM that she assists the respite/daycare resident to the table and the

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 Continued From page 1

Staff B stated she changes the resident's adult briefs at times. When brought to her attention, the Administrator, acknowledged on at 1:00 PM that Staff B does provide direct care at times to residents.
Class

0082 - Training - - 58A-5.0191(3) FAC

Based on observation, record review and interviews, the facility failed to ensure 1 out of 3 employees (Staff B) who provide direct care to residents had 1 hour of training.

The Findings Include:

Record review conducted on of employee files revealed Staff B, hired on did not have the required one hour of training on within 30 days of employment.
The Administrator stated on at 9:45 AM that Staff B is a housekeeper and does not assist the residents.
Staff B was observed on at 11:39 AM assisting a respite/daycare resident by pushing her in a wheelchair to the table.
Staff B stated on at 12:04 PM that she assists the respite/daycare resident to the table and the
Staff B stated she changes the resident's adult briefs at times. When brought to her attention, the Administrator, acknowledged on at 1:00 PM that Staff B does provide direct care at times to residents.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on observation, record review and interviews, the facility failed to ensure 1 out of 3 employees (Staff B) who provide direct care to residents had 1 hour of training.

The Findings Include:

Record review conducted on of employee files revealed Staff B, hired on did not have the required one hour of training on within 30 days of employment.
The Administrator stated on at 9:45 AM that Staff B is a housekeeper and does not assist the residents.
Staff B was observed on at 11:39 AM assisting a respite/daycare resident by pushing her in a wheelchair to the table.
Staff B stated on at 12:04 PM that she assists the respite/daycare resident to the table and the
Staff B stated she changes the resident's adult briefs at times. When brought to her attention, the Administrator, acknowledged on at 1:00 PM that Staff B does provide direct care at times to residents.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Vandor Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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