STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
COMPANION HOME CORP	**1997 SW 17 COURT MIAMI, FL 33145**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) Monitoring survey was conducted on . Companion Home Corp., had the following deficiencies at time of the survey.

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

Based on record review and interview the facility failed have documentation of freedom from or symptoms of communicable on an annual basis for 2 out of 5 (Administrator and Staff B) sampled staff.
Findings included:
Record review on showed that Administrator (hire date) and Staff B (hire) did not have annually documented proof of freedom from . The last statement on file for Administrator was dated and for Staff B was dated .
During an interview at 1:20 PM Administrator acknowledged de deficiencies did not have the updated documentation of freedom from for her and for Staff B. Administrator stated " we are going to do it the same day " .
Class III

E205 - ECC - Health Assessment - 58A-5.030(6) FAC

Base on record review and interview the facility failed to have updated health assessment for 2 out of 6 (#1 and #2)sampled residents at least annually once they receiving Extended Congregate Care (ECC) services.
Findings included:
Record review on showed that Resident ' s #1 health assessment AHCA form 1823 done by primary physician was not dated. The last assessment was dated 0 . Further record review showed Resident ' s #2 health assessment (AHCA form 1823) done by his primary physician was dated .
During an interview on at 1:31 PM Administrator acknowledged the deficiencies that health assessment for Resident ' s #1 " not dated by physician. Administrator dated heath assessment in front surveyor and for Resident ' s #2 health assessment need to be done.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Companion Home Corp
1997 Sw 17 Court
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Extended Congregate Care Monitoring 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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