STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Complaint (CCR#2015004279) survey was conducted on , 2015 and concluded on , 2015. Professional Home Care III, Inc. had deficiencies at time of the survey.

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

Based record review and interview the facility's Administrator failed to determine the appropriateness of one of eighteen (#1) sampled residents who directly threaten the physical health, safety and security of the other residents. The facility failed to discharge one of eighteen (#1) sampled residents who no longer met residency criteria and required more supervision than the facility could offer.

Findings included:

During the survey on the Administrator showed photographs of Resident #1 taking his clothes off in others residents' , going under other residents' beds, and trying to jump the facility's fence.
Record review on of the facility's observation logs (resident notes) revealed the following information:

"He came from his house. His daughter is very worry about him. He is very disoriented."

"He was sent to hospital. He needed stitches on his face. He hit himself with the wall."

"He was sent to hospital... He was aggressive and very alert."

Resident #1 "was sent to hospital due to Psychiatry . He was aggressive. ."

Resident #1 "wandering around all the time."

"He 's very restless."

"Patient , there was a bump on the back of the head. The ambulance was canceled by the daughter she decided to take him to a medical consultation. ACT was done."

"Staff C start searching for him with the other employee at the ALF. Staff C went around the neighborhood also. Staff C called the police to make a report 3 minutes later he was found two blocks from here. Police was notified also. Police did not make any report but came here. He had a on his right hand. He was transfer to hospital."

"He is very all day. He got a wood stick on the patio and started hitting Staff A and D. 2 employees. He pinched Staff D' on her . He start walking around and getting in everybody's ."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	**06/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	**447 EAST 26 STREET HIALEAH, FL 33013**	

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

0010 Continued From page 1

"He is still getting into everybody . All residents are very upset about this situation."

"He very aggressive today. He start kicking Resident #11' s radio and Resident #11 hit him back with the radio's cable. We were able to control the situation, his daughter was notified. We remove the radio from Resident #11 and we give a talking to Resident #11."

"He pushed Resident... and the resident hit him on his arm with the cane. Picture attached. We had a talk with Resident and told him not to do that again. I was informed by the night employee that he didn't sleep all night from the 2 Sunday to 27 Monday."

"The night employee notified the Staff A that he did not sleep nothing from Monday 27 to Tuesday 28. Staff notified Staff A at 10:00 am that Resident #1 was very sleepy, and she did not bath him yet until he rest a little bit. Daughter came to see him around lunch time. He was sitting on the living . She took him to the front of the ALF. He wake up at the moment and start walking perfect to the front of the ALF. We gave the daughter the 45 day letter at that moment."

Record review on revealed that Resident #1 was admitted on . His health assessment (Form 1823) dated / documented that he was diagnosed with ( ), , and High ( ). There was no diagnosis for and . Resident #1's information stated that he has memory loss and he is and disoriented. Resident #1 needed administration of medications.

On at 6:12 pm Resident #1's daughter stated her father was not properly assessed with medications in the facility because he looked sleepy during day time. He had to see the facility's Psychiatrist instead to see his personal Psychiatrist. And that his medications were not keeping him stable and the facility's Administrator never did nothing to change it. She stated that her father eloped the facility on two occasions. He eloped from the facility on / and . And she called the police, but the policeman did not fill a report because her father was . She stated that she did not know much about the procedure, and the facility Administrator did not help her on that either. Also, she called the police department to report her father as missing. She provided a police report card dated on / . (case # 2015-002096/ incident: ALF Welfare) at 11:45 am; she stated that the police officer gave it to her when her father eloped.
Record review found the facility did not have information regarding an elopement on / in the resident's file.

The Administrator provided a written statement on / . at 10:20 a.m. by email. "Resident #1 ent that has been here at Professional Home Care III for two years. He is diagnosed with and . been trying to help him with a good Psychiatry plan. He has constantly attempted to escape the ALF. He is aggressive and doesn't sleep. We had to have an employee always watching him. He was always taking off his clothes during the day. On he had breakfast and then he went to the living . One of the employees went to give a bath to another resident and he went to the patio. We assumed he jumped the wood fence on the left side of the ALF. After walking to the other fence, he jumped that one too. We discovered he was gone because we

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0010 Continued From page 2

are always watching him. We started searching for him around the entire house. While we began our search, another employee was calling the authorities. After about 3 minute later he was found a few blocks from ' LF. We canceled the call to the Police. We also notified his daughter. When we found him, he had an open on his right arm. The officer came to the ALF anyway. Police did not write a report. Police called de rescue. The ambulance transferred him to Hialeah Hospital. He was stable. He came back same day. He received some stitches on his hand. He was given and pain medication. His behavior was horrible. He was always having internal incidents with other residents due to his behavior. His daughter was aware of everything because she was at the ALF daily. She was always very happy with us because her father was well cared for. He wonders around the ALF all day and all night. He always needs supervision and it was hard to handle his behavior. On a few occasions I told to his daughter to take her father to another ALF or back to her house and she refused. Her argument was that he was very well cared for even though he had incidents with other patients. I decided to give her the 45 days letter after 1 year because she was never agreed with his medication treatment and was always complaining about his behavior with the residents. The night before I gave her the letter, he didn't sleep not even 3 hours. That morning he was very sleepy. After breakfast he sleep on the living . We let him sleep there because he needed to rest. When she came to see him that day, he was sleeping on the living . She wakes him up and when we gave her the letter she decided to take him out of the ALF. Even though, I gave her 45 days. He walked up normal and quick. He gets up and starts walking to the front of the ALF. He stepped out of the ALF with no issue. Right before getting out, he tried to take his shirt off. She got very upset with the letter and decides to be my enemy that day. She decides to call rescue from her car arguing his father was in bad shape. My opinion, he was just very sleepy."

The facility's Administrator also emailed photographs of Resident #1. He was observed on Resident #14's bed in #., Resident #1 was eating in # on Resident #6's bed, Resident #1 taking his clothes off in # and in the patio, Resident's #1 right hand with after a fight with Resident #11. There were also photos of Resident #1 under the bed in #1, and Resident #1 on the beds in #5 and #8, Resident #1 attempting to jump the fence, and Resident #1 in bed with another Resident.

Interview on at 10:11 am Resident #6 stated, " I have problem with one of the resident here, but he is not living here anymore, his named was given (Resident #1), he came to my got into my bed; he was mentally sick."

The observation log for Resident #6 revealed that on "Resident #1 hit her on the right back. Doctor was called. She is okay."

On at 10:15 am. Staff A showed the fences where Resident #1 jumped and confirmed that Resident #1 had two elopements in the facility.

Class II

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview the facility failed to provide adequate supervision to meet the needs of one out of eighteen (#6) sampled residents who had a history of falling. The facility also failed to develop a plan of intervention to prevent for one of eighteen (#6) sampled residents. Facility failed to have detailed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0025 Continued From page 3

written records for two out eighteen (#5 and #18) sampled residents who had changes in their skin conditions. Findings included:
Lunch observation on at 12:00 pm revealed that Resident #5 was eating his lunch in his . Further observations revealed that Resident #5 had redness on his right hand.
On at 12:00 pm Resident #5 stated that he likes to eat in his , and the redness in his right hand is a common . Resident #5 stated, " Everything is okay."
On at 1:00 pm with the Administrator stated, "Resident #5 eats in his run because it is his decision, he has a , which has been treated for by his Dermatologist, and it is not ."
Record review on revealed that Resident #5 has .
Note: Sources at MedicineNet.com: is an itchy, highly skin caused by an infestation by the itch mite Sarcoptes scabiei.
Record review on of Resident #5's observation log revealed the following information:
On observation log reflected that he was transfer to the hospital via rescue...he came back the same night, he is stable. New medication was added, Resident has .
On observation log reflected that Resident #5 is doing better. His hygiene is much better. He is using the medication for the .
On observation log reflected that he went to a appointment due to . Doctor's order two different creams followed by washing clothes separately; he is bathing every day.
On a doctor came to the facility, checks Resident #5's skin. Also, it stated, the Resident #5 is much better; medicine was order again for the itches. He is stable.
Interview on at 10:00 am with the Administrator assistant revealed that Resident#5 was seen for the dermatologist yesterday ( ) and prescribe a new pill (Vermectin 3 mg tab) for his health condition.
Interview on at 10:02 am with Resident #5 revealed that he tried the new pill prescribed from the doctor this morning, and he was feeling much better. He was not itching.
Interview on at 11:30 am with the Administrator and Staff A revealed that Resident #5 has not seen his doctor due to he was sick and have to go to the hospital. The Doctor who prescribed (Vermectin 3 mg tab) is not his Dermatologist. Staff A stated that Resident #18's Dermatologist did a favor to the Administrator and prescribed that medication to Resident #5. Per Staff A, Resident #18's Dermatologist stated that if the pill works on Resident #5; it is a sign that he does not have .
Interview on at 12:40 pm with Resident #5's primary physician stated that Resident #6 does not have . Resident #5's primary physician stated that if Resident #5 would have , he would be cured long time ago due to the medications he was taking; however, he stated that Resident #5 had an , which is usually with . The doctor stated that he provided two treatment.
Record review on of Resident #5's record revealed that the progress notes did not have any information about the new medication for his skin or the detailed information regarding his skin condition.

Observation on at 10:10 am revealed that Resident #18 had dark red spots on both hands. When questioned, he stated that it was age changes. He also stated that happens six months ago, he also stated that the last time he saw his doctor was two weeks ago. However, the doctor has not given him anything for that.
Record review on to the observation log revealed that Resident #18 has no information recorded regarding

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0025 Continued From page 4

his hands. Also, the last health assessment (Form 1823) dated /, and there is not observation or information Resident #18's hands. Review of the observation logs from - and no skin changes documented.
On at 1:00 pm the Administrator she stated that Resident #18 saw his Dermatologist recently, and he prescribed a cream for his hands; however, she stated, "Doctors come and let us know what they did with the Residents; however, we have no documentation of that."
Record review on to the observation log has no information of Resident #18 improvement or changes regarding his skin (redness), and the medication indicated it was for Resident #18's legs only.

Record review on revealed that Resident #6's internal incident report reflected that she went to the hospital on / at 4:32 am due to a . The report stated that Resident #6 woke up at 4:00 am to smoke. Per the report, Resident #6 did not get the walker; she and all the weight of her body was on her left arm. The Rescue was called. Also, the report stated that Resident #6 was alert and asking to let her smoke; she refused to go to the hospital and Staff had to convince her to go. Further record review revealed that Resident #6 had a previous and had broken hip.
Interview on at 11:00 am the Administrator stated that Resident #6 at the hospital of a , which was related to Resident #6's health condition not to the . Also, the Administrator stated that they always advised Resident #6 to use the walker to prevent .
Interview on at 11:55 am with Staff D revealed that she works alone during night shift, and there are nine residents in the facility that needs to be changed (incontinence briefs). Staff D also stated that the night Resident #6 , she worked alone as usual. Staff D stated, "I was working and I heard one of the Residents yelling, I run to see what was going on, and I saw Resident #6 on the floor. Resident #6 claimed that she was thirsty and went to get water; she on the hallway between kitchen and the eating area."
Observation on at 12:30 pm to the facility's camera system revealed that Resident #6 on / at 4:00 am, the Staff D ran to the office to call rescue at 4:04 am. Staff D was observed running back to Resident #6 and running back to the office several times since she was alone in the facility. Rescue arrived at 4:18 am to the facility and left with Resident #6 at 4:32 am.
Interview on at 12:30 pm with the Administrator confirmed that only one staff worked during night time. The Administrator stated, "All the ALFs of Hialeah have one Staff working in the night shift."
Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to ensure resident rights were honored. The facility failed to ensure privacy for residents in #.

Findings included:

On at 9:51 a.m. observed hospice staff bathing a female resident in bed nude as her Resident #15 looked on. The facility did not ensure that both residents received privacy during the bath.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0030 Continued From page 5

On at 12:49 p.m. the information was reviewed with the Administrator, she stated that Resident #15 is out of the hospice is taking her a bath.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the facility failed to ensure the food items were not expired. The facility failed to follow the posted menu and offer a variety of meals to the residents. The facility failed have a doctor's order for changes in therapeutic diets for two of eighteen (#15 and #17) sampled residents. The facility also failed to have residents participate in the meal planning.

Findings included:

Observation on at 10:00 am revealed that the facility's food storage expired food cans in storage. There were 6 six boxes of 24 cans each of potatoes which expired on . There were 12 packages of 12 red velvet cupcakes with no expiration date indicated. Also, there was a box of frozen gourmet pasta container that burst inside the refrigerator.

Record review on at 11:00 am revealed that the facility's food service policies/procedures and food service standard documentation revealed the following: A registered dietician is responsible for planning all regular diets as well as therapeutic diets per physician's orders. Consideration will be given to individuals preferences. The menus have to be reviewed and approved by a registered Dietitian, and prepared to satisfy the nutritional requirements of the residents. The menus are to be based on the resident ' s tastes and preference, according to ethnic and religious backgrounds and physical ability for nutrition.

Interview on between 10:00 -11:47 am with residents revealed the following information:

Resident #6 stated "they are cooking the same food for the same day; I am tired to be eating the same."

Resident #7 stated "the facility provide just a little amount of food in the morning, I have a sweet cake this morning for breakfast. The amount of food is not enough to eat."

Resident #3 stated "I have no breakfast this morning, and the food is always the same, they do not follow the menu. I have no complaint for anything else, it is just the food."

Resident #8 stated "I like soul food, but I have to eat what they give me. I would like that they varied the meals sometimes, they used to but not anymore. Breakfast is boring. The food is the only think that they have to change."

Resident #2 "I do not remember if I have breakfast this morning but I am hungry."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0093 Continued From page 6

Resident #12 stated "we have eaten the leftover some times."

Interview with the Cook on revealed that the facility saved the leftovers for the residents that wanted to eat them.

Interview with the Administrator on , she stated that the facility followed the menu and the meals were strictly served as the Dietitian order.

Lunch observations on at 12:05 p.m. found Resident #15 was served a puree diet and Resident #17 was served soap with noodles and pears.

Record review on found Resident #15 did not have a doctor's order for a puree diet and Resident #17's last health assessment (dated /) stated puree diet.

on at 12:55 p.m. the Administrator stated Resident #15's daughter told the facility she needed puree but the facility does not have an order. She also stated that a new health assessment was needed for Resident #17.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview the facility failed to have income and expense records available to show evidence of financial stability.

Findings included:

Record review found the facility did not have the income and expense records for the previous three months.

Interview the the Administrator on at 12:57 p.m. revealed the records were not available. She stated they are completed on the computer but they are not ready.

Class III

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

Based record review and interview the facility failed to have completed records for two of eighteen (#15 and #16) sampled residents newly admitted to the facility.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	06/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013	

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

0162 Continued From page 7

Record review found Resident #15 was admitted to the facility on . /. . . Record review found the facility did not have admission weights recorded.

Record review found Resident #16 was admitted to the facility on , the facility did not have a completed record for the resident. Record review found the facility did not have admission weights recorded, the informed consent for unlicensed staff members to assist with self-administration of medications, the demographic sheet was blank. Record review found the resident had medication observation records and unlicensed staff were assisting with medications in the morning and at night (8 a.m. and 8 p.m.).

On . . . at 12:32 p.m. the Administrator stated Resident #16 was discharged from hospital and admitted on . . Son will come to sign paperwork; resident is . . .; son will come on Sunday. She confirmed no weight on record for Resident #16.

Class III

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

Based on record review and interview the facility failed to complete a one day and fifteen day full report for one of eighteen (#6) sampled residents who had a history of falling.

Findings included:

Record review on revealed that Resident #6's internal incident report reflected that she went to the hospital on . /. at 4:32 am due to a . . and injury type as a possible left broken arm. . Record review on revealed that Resident #6's incident report was not sent to the Agency for Health Care Administration (AHCA). Interview on at 11:00 am revealed that the Administrator acknowledged that she did not send an electronic incident report to AHCA because she did not know if Resident #6 had a bone or . Administrator stated that she did not know that that a recurrence incident ( ) with the same Resident needed to be report to the Agency.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed contract with one of eighteen (#16)sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	**06/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HOME CARE III, INC	**447 EAST 26 STREET HIALEAH, FL 33013**	

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

0167 Continued From page 8

Record review found Resident #16 was admitted to the facility , the facility did not have a completed record for the resident. Resident did not have an executed contract at the time of admission.

On at 12:32 p.m. the Administrator stated Resident #16 was discharged from hospital and admitted on . Son will come to sign paperwork; resident is ; son will come on Sunday.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Professional Home Care Iii, Inc
447 East 26 Street
Hialeah, FL 33013

RE: CCR #2015004279

Dear Administrator:

This letter reports the findings of a Complaint 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.

Please forward documentation of correction to the Field Office. 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Professional Home Care Iii, Inc
, 2015

Support Branch, at (727) 552-1955 or Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Professional Home Care Iii, Inc
447 East 26 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Complaint (#2015004279) survey conducted on , 2015 and concluded on , 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Continued Residency -Class II

Directed Corrective Actions:

1) The facility must ensure that all residents are reassessed for the appropriateness of continued residency by a health care provider to ensure the residents are not a danger to themselves or others. These assessments are recorded on AHCA form 1823. These assessments must be kept in resident records, on file at the facility and available for agency review. **This shall be completed by , 2015.**

2) The facility must conduct an assessment of wandering/elopement risk on all residents as per the facility's Wandering/Elopement policy. These assessments must be kept in resident records, on file at the facility and available for agency review. **This shall be completed by , 2015.**

3) Documentation verifying all staff (current staff and future staff) have been trained to conduct this assessment as per the facility's policy must be kept on file at the facility, and available for agency review. **This shall be completed by , 2015.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact Laura Manville, Survey and Certification

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com