STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	**05/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WHISPERING PINES HOME CARE INC	**8830 SW 196TH DRIVE CUTLER BAY, FL 33157**	

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

0000 - Initial Comments

A Complaint Survey (CCR 2015004175) was conducted on / . Whispering Pines Home Care inc. with Limited Mental Health Component had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to have a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment for 1 out of 6 (#3) facility residents.

Findings as follow:

Record review found the facility's last health assessment (Form 1823) for Resident #3 (admitted on /) was dated .

On / at 1:00 p.m. the facility's Administrator acknowledged the facility failed to have a health assessment performed at least every 3 years for resident #3.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review the facility failed to have a manager that did not supervisor other assisted living facilities.

Findings as follow:

On at 8:00 a.m. observed the appointment letter for the manager which appointed Staff #2 posted in the facility.

Record review showed the facility's manager was the Administrator of two other facilities.

On at 11:00 a.m. the facility's Administrator stated did not know that Staff #2 could not be a facility manager because she was already the Administrator of two other facilities.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 out of 6 (Staff E) facility staff trained in working with Limited Mental Health residents within 6 months of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	**05/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WHISPERING PINES HOME CARE INC	**8830 SW 196TH DRIVE CUTLER BAY, FL 33157**	

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

L243 Continued From page 1

Findings as follow:

Record review showed the facility held a standard license with Limited Mental Health component. Record review found the facility failed to have Staff E (hired) trained in working with Limited Mental Health residents within 6 months of employment.

On / at 11:00 a.m. the facility's Administrator stated Staff E is already register for the Limited Mental Health training on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2015

Administrator
Whispering Pines Home Care Inc
8830 Sw 196th Drive
Cutler Bay, FL 33157

RE: CCR #2015004175

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. 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

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