| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953342 | R |

| 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) revisit survey was conducted on , 2015. Professional Home Care III, Inc. with Limited Mental Health and Limited Nursing Services components had a deficiency at time of the survey.

**0007 Admissions - Criteria**

Based on observations, record review, and interview the facility failed to ensure that 1 of 20 (19) sampled residents met admission criteria. The facility failed to ensure that 1 of 20 (19) sampled residents was able to perform activities of daily living (ADLs) with assistance and did not require total care with ADLs.

Findings included:

Observations during the tour on at 9:00 am found Resident #19 sitting on a recliner chair with his feet up. Further observations on at 11:45 am revealed that Resident #19 was still sitting on the recliner with his feet up and unable to communicate.

Record review on revealed that Resident #19 was admitted on from the hospital and diagnosed with High , High , Parkinson and . Also, the health assessment stated that Resident #19 had memory loss and poor ambulation.

Interview on at 11:30 am the Administrator acknowledged that Resident #19 did not meet the criteria to be in the facility due to the fact that he needed more supervision than the facility could offer. She stated she already explained to Resident #19's family that he needed to be transferred to another facility.

Class III

## State Form: Revisit Report

| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| AL11953342 | A. Building<br>B. Wing | 7/1/2015 |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| PROFESSIONAL HOME CARE III, INC | 447 EAST 26 STREET<br>HIALEAH, FL 33013 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|---|---|---|---|---|---|
| ID Prefix **A0010**<br>Reg. # **429.26(1&9) FS; 58A-5.018**<br>LSC | Correction Completed | ID Prefix **A0025**<br>Reg. # **429.26(7) FS; 58A-5.0182(1**<br>LSC | Correction Completed | ID Prefix **A0030**<br>Reg. # **58A-5.0182(6) FAC; 429.28**<br>LSC | Correction Completed |
| ID Prefix **A0093**<br>Reg. # **58A-5.020(2) FAC**<br>LSC | Correction Completed | ID Prefix **A0120**<br>Reg. # **429.17(3) FS; 429.275(1)58**<br>LSC | Correction Completed | ID Prefix **A0162**<br>Reg. # **58A-5.024(3) FAC**<br>LSC | Correction Completed |
| ID Prefix **A0165**<br>Reg. # **429.23(1-4 & 6-10) FS; 58A**<br>LSC | Correction Completed | ID Prefix **A0167**<br>Reg. # **58A-5.025 FAC**<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |

| | | | | |
|---|---|---|---|---|
| **Reviewed By** | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** |
| **State Agency** | | | | |
| **Reviewed By** | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** |
| **CMS RO** | | | | |

**Followup to Survey Completed on:**

**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?** **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I, 2015

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

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on I, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

**All deficiencies shall be corrected no later than 20, 2015.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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