STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966148	07/07/2015
NAME OF PROVIDER OR SUPPLIER **TIME IS CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19010 NW 44 AVENUE** **OPA LOCKA, FL 33055**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Time is care with Limited Mental Health component had the following deficiencies at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have proof of a high school diploma for the Administrator.

Findings as follow:

Record review showed the facility failed to have documentation of the high school diploma for the Administrator.

On at 12:50 p.m. the facility's Administrator stated the high school diploma was misplaced.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for 1 out of 3 (Staff C) facility staff.

Findings as follow:

Record review showed the facility failed to have evidence of a negative examination documented on an annual basis for Staff C (hired on). Record review showed the facility's last freedom from communicable statement for Staff C was dated / .

On at 12:45 p.m. the facility's administrator acknowledged the facility failed to have the updated statement yearly for Staff C.

Class III

0083 Training - First Aid and

Based on observation, record review, and interview the facility failed to have at least one staff present at

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all times in facility with the and First Aid training.

Findings as follow:

On at 9:20 a.m. observed Staff B alone in facility caring for five residents.

Record review showed the facility failed to have Staff B trained in and First Aid.

On at 12:40 p.m. the facility's Administrator stated Staff B passed the training but had no proof of it.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 1 out of 3 (Staff B) facility staff trained in assisting residents with self administration of medications.

Findings as follow:

Record review showed the facility failed to have Staff B, hired on , trained in assisting residents with self administration of medications.

On at 10:00 a.m. Staff B stated she assisted residents with self administration of medications and explained the procedure.

On at 12:30 p.m. the facility's Administrator stated Staff B assisted residents with self administration of medications and acknowledged the facility failed to have Staff B trained in assisting residents with self administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Time Is Care
19010 Nw 44 Avenue
Opa Locka, FL 33055

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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