STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966507	07/15/2015
NAME OF PROVIDER OR SUPPLIER **HOME AWAY FROM HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2660 SW69 AVENUE** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Standard Biennial Licensure Survey was conducted on . Home Away from Home with Limited Mental Health and Limited Nursing Services component had the following deficiencies at time of survey.

0083 Training - First Aid and

Based on record review and interview facility failed to have two out of four sampled Employees to have current training in First Aid &

Findings included:

1. Record review revealed that Employees A (Administrator started on -) and B (Owner/Caretaker started on -) 's First Aid/ training's were expired on

2. Interview with the Administrator on at 3:00 PM, confirmed both Employees A and B did not have current training in /First Aid.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed ensure the residents living environment be free of hazards.

Findings included:

1. Observation during the tour of the facility found resident #1 and #2 closet door was hanging off the tracks (photo was taken in both). Three kitchen cabinets there were broken door hedges on the doors (photos were taken of the door hedges). In the Residents dirty on the (photo was taken).

2. Interview with the Administrator on at 3:00 PM, confirmed the facility needed to fix the kitchen door hedges and residents closet doors as well as have staff not leave dirty briefs on the residents when being discarded.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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L241 LMH - Records

Based on record review and interview facility failed to ensure three out of five Sampled Residents have an Annual Community Support Plan.

Findings included:

1. Record review revealed that Residents #1(admitted on), #3 (admitted on -) and #5 (admitted on -) Annual Community Support Plan was dated -

2. Interview with the Administrator on - at 3:00 PM, confirmed all three residents new Annual Community Support Plan.

Class III

L243 LMH - Training

Based on record review and interview facility failed to have one out of four sampled Employees to have training's in Limited Mental Health (LMH) .

Findings included:

1. Record review revealed that Employee D Caretaker did not have a date on her application showing time of being hired. Employee D did not have any training documentation on file showing her training in the area for LMH.

2. Interview with the Administrator on - at 3:00 PM, she confirmed the findings in regards that Employee D. had training in the area for LMH . at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Home Away From Home, Inc
2660 Sw69 Avenue
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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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