STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	07/17/2015
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Complaint (CCR#2015005403) Survey was conducted on , 2015 and concluded on , 2015. Maggy's Home Care II had deficiencies at time of the survey.

0025 Resident Care - Supervision

Based on observation, record review, and interview the facility failed to have a written documentation regarding for 1 out of 12 (#7) sampled residents.

Findings included:

Observation on at 10:00 am revealed that Resident #7 has a faded on her left eye and right arm.

Record review revealed the facility did not have any written documentation regarding Resident #7 injuries.

Interviews on and with Administrator at 11:45 am and 6:40 am confirmed that Resident #7 several times at her family's house. The Administrator stated that Resident #7 was taken to the hospital. However, the Administrator confirmed the facility did not have any documentation regarding Resident #7's several .

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to dispose abandon medications within 30 days.

Findings included:

Observations during the facility tour on at 9:00 am revealed that there were three boxes (stored in garage/office), full of medications which belonged to discharged residents.

Interview on at 11:00 am the Administrator stated he did not know the facility could not keep abandoned m ions.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	07/17/2015
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

0120 Fiscal - Financial Stability

Based on record review and interview the facility failed demonstrate financial stability.

Findings included:

Record review found the facility did not have financial records for the last 6 months to demonstrate financial stability.

Interview on at 1:50 pm the Administrator stated that he did not have the last 6 months of financial records.

Class III

0162 Records - Resident

Based on record review and interview the facility failed have discharged resident records available for review for 3 out of 12 (#10, #111, and #12) sampled residents.

Findings included:

Record review on revealed that the admission/discharge log had the following:
Resident #10 admitted on and discharge on
Resident #11 admitted on and discharged on
Resident # 12 admitted on and discharged on

Record review found the facility did not have discharged records for Residents #10, #11, and #12.

Interview on at 11:30 am the Administrator stated the Residents' discharged records were stored in a box at his house. He kept them at home for security.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed provide proof that refunds were given to 3 out of 12 (#10, #11, and #12) sampled discharge residents per the facility's refund policy.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	07/17/2015
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

Findings included:

Record review on revealed that the admission/discharge log had the following:
Resident #10 admitted on and discharge on /
Resident #11 admitted on and discharged on
Resident # 12 admitted on / and discharged on /

Record review found the facility did not have discharge records for Residents #10, #11, and #12. The facility also did not have any documentation to show that refunds were provided to discharged Residents #10, #11, and #12.

Record review on revealed that the facility's resident contract refund policy stated:

"This facility, in case a of discharge due to medical reasons, including mental health, the notice of termination requirement in the contract is waived and all refunds are prorated. Other refunds shall be computed in accordance with notice of relocation requirements specified in the contract.

Refund will be refunded by check within 45 (forty-five) working days, provided that cancellation is executed accordingly to the terms of Termination of Residency. All refunds will be prorated on a daily basis and payable with 45 (forty-five) days after the transfer, discharge, or of the resident.

This facility shall provide a refund for any unused portion of a payment after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee (facility). If after the contract is terminated , the facility shall make a claim against the refund due to resident , the facility shall notify the resident or responsible party in writing of the claim and shall provide the said party responsible time period of no less than 14 (fourteen) calendar days to respond.

The termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. On the termination date, the resident is required to clear all personal belongings from this facility. If the resident ' s possessions are not claimed within 45 days after termination, the facility may dispose of them.

If this facility discontinues operations, any advance payments for services not received shall be refunded to the resident or responsible party within 10 days of closure, whether or not such refund is requested."

Interview on at 11:30 am the Administrator stated the Residents' discharged records were stored in a box at his house. He kept them at home for security.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	07/17/2015
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

Interview on at 2:00 pm the Administrator stated, "The facility will provide refunds to residents that before completing the month; therefore, the facility will return the remaining balances to the family.

Class III

Z827 Unlicensed Activity

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to 9 of 12 residents (#s 1-9). The facility provided services to residents outside the current license capacity of six.

Findings included:
Observation on from 9:00 am to 3:00 pm revealed the garage of the facility had a the Administrator named as the employee , which was locked and required a code to enter had three beds with full bed rails and a closet with female clothing. There were two recliner chairs and medication on the top of the night stand that belong to a Resident.
Further observations revealed that there was a walk-in closet , which the Administrator named as his office where there were four boxes full of medications that belongs to the 9 Residents in the facility.
Observations revealed that there were two bed sofas in the TV area.
Observation on at 9:00 am found Residents #7, #8, and #9 (claimed to be daycare clients by the facility) had their medications (morning and night) in the facility with their daily medication observation records. The medications bingo cards for Residents #7, #8, and #9 had the facility's address on them. Residents #7, #8, and #9 were observed eating and receiving medications from the facility staff.
Interview on at 11:00 am the Administrator stated, "They do not sleep in the facility." He admitted that the " office/employee " has a ramp for wheel chair and three beds with full bed rail but staff were sleeping on them. Administrator, also stated that he has a daycare letter and he can have daycare residents.

Record review on revealed that the "office/employee " was reflected as a garage in the facility's plan.

Record review on revealed that Resident #7's agreement signed on , and she was admitted on with a monthly payment of $800.00 in addition of Medicaid waiver $1200.00.
Record review on revealed Resident #9 was admitted on with a monthly payment of $1600.00 and contract dated on /

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	07/17/2015
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

Observations on at 6:30 am found Residents #7, #8, and #9 were already dressed and seated on the recliners at the main dining TV area.
Record review on revealed that Resident #8's progress notes stated:
" continued to receive care and services from an agency/ stable
/ came back from hospital / went in
Stable no , no deviation. Sister visits weekly
/ No deviation from normal. No "
Record review on revealed that there are two daycare contracts: Resident #7 signed on / and Resident #9 signed on / . This reflects the following information: Client shall be dropped off at 7 am and picked up at 5:00 pm.
Interview on at 6:40 am with the Administrator stated that he picked up daycare early at 5:00 am. He also stated that they stayed in the facility until 10 pm.
Interview on at 6:55 am Resident #7's family member stated that her mother had her medications and meals in the facility. Resident #7's family member also stated that Resident #7 had been living in the facility for two years.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maggy's Home Care Ii
8881 Nw 185th Street
Hialeah, FL 33018

RE: CCR #2015005403

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. **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

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