STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966213	09/03/2015
NAME OF PROVIDER OR SUPPLIER **TL SEA HOME CARE SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **14031 SW 39 ST** **MIAMI, FL 33175**	

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

0000 Initial Comments

A limited nursing services monitoring survey was conducted on , 2015. TI Sea Home Care Services with Limited Nursing Services and Limited Mental Health components had the following deficiencies found at time of survey:

0010 Admissions - Continued Residency

Based on interview and record review, the Assisted Living Facility failed to have an accurate health assessment (AHCA form 1823) that reflected the resident's significant changes in activities of daily living for one (#4) out of four sampled residents.

Findings included:

In an interview with the registered nurse from hospice who took care of Resident #4 revealed that Resident #4 needed total care with activities of daily living.

Record review of Resident #4's file revealed that the health assessment (AHCA form 1823) completed revealed that the resident needed help with taking her medications but it did not indicated what kind; it also indicated that resident was independent for ambulation and transferring but needed supervision for bathing, dressing, eating, self-care ( ) and toileting and that resident received regular diet. Resident #4 was admitted to hospice services on .

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the Assisted Living Facility failed to have a doctor order and resident/legal guardian consent for the use of bed rail for one (#4) out four sampled residents.

Findings included:

Observation on at 9:23 AM revealed that Resident #4 was resting in bed with full bed rails up.

In an interview with the Administrator on at 10:42 AM confirmed that Resident #4 did not have the doctor order for full bed rails from his hospice doctor and did not have a signed consent for the use of bed rails.

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Record review of Resident #4's file revealed that there was a resident consent to the use of half-bed rail dated on / but it was not signed by resident or legal guardian. There was no doctor order for full rails from the hospice doctor in resident record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
TI Sea Home Care Services
14031 Sw 39 St
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

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