STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	09/29/2015
NAME OF PROVIDER OR SUPPLIER **PEACE HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5040 NW 197 STREET** **MIAMI, FL 33055**	

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

0000 Initial Comments

A Complaint (2015008999) Survey was conducted on , 2015. Peace Home Care, Inc had the following deficiencies found at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure one out of two (2) sampled residents had a completed health assessment within 30 days of admission.

Findings included:

Record review on revealed that Resident #2's (admitted on) health assessment dated did not did not have weight, height and " information documented. Also, Resident #2's health assessment did not indicate what level of assistance was needed for activities of daily living and diet orders.

During an interview on at 1:30 pm with the facility Administrator, he acknowledged and confirmed that the health assessment for resident needed to be updated.

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview, the facility failed to ensure one out of two (1) sampled residents had documentation regarding care and .

Findings included:

Observation on at 9:40 am found Resident #1's right foot covered with a gauze.

On / / at 11:30 am Resident #1 stated "I have a skin in my right feet. I have no nurse coming here because my doctor is checking me but I used to be check for a nurse. But the doctor is who is taking care of my feet now, it is healing."

Record review found Resident #1's health assessment (dated / /) and notes did not have any specifies regarding her right food care. The facility did not have any care notes, nurse or facility progress notes regarding Resident #1's foot. The record also did not identify if the resident had any

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Interview on at 1:00 pm the Administrator stated, "Resident #1 has a nurse who comes and assesses her feet."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to provide a 45 day notice prior to discharging one out of three (#3) sampled residents to a homeless shelter.

Findings included:

Record review on the Admission/Discharge log reflected Resident #3 as a facility resident admitted on and discharged on to a homeless shelter.

Interview on at 10:00 am the Owner stated, "Resident #3 was not a Resident of the facility; he was here for only one day. He did not have money or SSI check to pay the facility; therefore, we took him to ... (name of homeless shelter provided.) Nobody can force me to keep a resident with no payment."

Record review on / / revealed ALF Monthly Income / Expenses Statement reflected Resident #3 as a facility resident for the month of / 2015.

Record review on revealed the facility's Admission, Retention and Discharge policy stated, "At least 45 days notice of relocation or termination of residency from the facility unless, for medical reason, the resident is certified by physician to require an emergency relocation to facility providing more skilled level of care or the resident engages in pattern of conduct that is harmful or offensive to other resident who has been adjudicate mentally , the guardian shall be given 45 days notice of Non-Emergency relocation or residency relocation or residency termination."

Interview on / / at 12:30 pm the Administrator stated, "We just tried to help a person who was homeless; we took him to ... (name of homeless shelter provided) because he did not have money to pay to live in this facility. I thought we did the best for that man."
Class III

0160 Records - Facility

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Based on record review and interview, the facility failed to have an update Admission/Discharge log and an approved Emergency Management Plan.

Findings included:

Record review on revealed Admission/Discharge log was not updated, log reflected five residents living in the facility. Record review revealed Admission / Discharge log had residents that no longer lived in the facility listed as current residents..

Interview on at 10:30 am the Owner confirmed that the Admission/Discharge log needed to be updated, and she stated she was waiting on the consultant.

Observation on at 10:00 am revealed Emergency Management Plan was not available for review.

Interview on at 10:30 am the Owner stated, "I sent documents to renew it, but she never showed the receipt."

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to have a signed consent form for unlicensed staff to assist with self-administration of medication for 1 out of 2 (#2) residents sampled.

Findings included:

Record review on / revealed Resident #2's (admitted at) file did not have a signed consent for unlicensed staff to assist with self-administration of medication. Record review revealed Resident #2's health assessment (dated on) stated "needs assistance with self-administration of medication." Furthermore, the medication record showed that staff assist residents with self-administration of medication.

During an interview on at 1:30 pm the Administrator acknowledged that Resident #2's consent was not signed by the resident or legal representative.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Resident Contracts

Based on record review and interview, the facility failed to have executed resident agreements at the time of admission for 2 out of 3 (2 and 3) sampled residents.
Findings included:
Record review on revealed Resident #2 did not have a resident agreement signed by the resident or his representative. Record review revealed Resident #3 did not have a resident agreement signed by the Administrator and/or Owner.
Interview on / at 1:00 pm the Administrator acknowledged Residents 2 and 3 did not have their Residents agreements signed.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Peace Home Care, Inc
5040 Nw 197 Street
Miami, FL 33055
RE: CCR #2015008999

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 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

XG90

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