STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	10/05/2015
NAME OF PROVIDER OR SUPPLIER **MADELIN HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 SW 103 CT** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Complaint (CCR#2015009136) Survey was conducted on , 2015. Madelin Home Care Corp with Limited Mental health component had the following deficiencies identified at time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of six sampled staff (C).

Findings included:

Record review found that Staff C (hired /) did not have a written statement documenting that the individual does not have any signs and symptoms of communicable .

Interview on /15 at 3:30PM the Administrator acknowledged that Staff B did not have the statement.

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure one out of six (C) sampled staff members completed in First Aid and training.

Findings included:

Record review on found Staff C (hired /) did not have any documentation proving she received the and First Aid training.

Interview on at 3:30 PM the Administrator stated that Staff C is from another facility and is covering here for today.

Class III

0161 Records - Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	**10/05/2015**
NAME OF PROVIDER OR SUPPLIER **MADELIN HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 SW 103 CT** **MIAMI, FL 33165**	

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

Based on observations, record review, and interview the facility failed to ensure that one out of six (E) sampled staff had documentation of compliance with level 2 background screening.

Findings included:

Observation on found Staff E (hired) conducting activities with the residents.

Record review on revealed that Staff E (hired) did not have documentation of level background screening. The background screening website was checked on at 10:15 AM , it showed Staff E was eligible on .

Interview with the Administrator on / at 12:00 PM acknowledged the paper work was not available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2015

Administrator
Madelin Home Care Corp
2980 Sw 103 Ct
Miami, FL 33165
RE: CCR #2015009136

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

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

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida