STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	R
NAME OF PROVIDER OR SUPPLIER **GRACE CARE FAMILY HOME, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4221 WEST 5 LANE** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 29, 2015. Grace care Family Home, Corp with Limited Mental Health component had the following deficiency identified at time of the survey.

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have an updated written work schedule which reflects its 24 hour staffing period.

Findings included:

On at 9:00 AM Staff F was found alone with residents in the facility.

Tour on found the facility's staff schedule posted on the wall was for the month of 2015, it showed Staff F was not listed. Record review of the staffing schedule showed five staff members listed.

At 12:32 PM the owner arrived at the facility.

Interview on at 11:00 PM the owner acknowledged the caregiver was not listed on the schedule after review.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966123

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/29/2015

Name of Facility
GRACE CARE FAMILY HOME, CORP

Street Address, City, State, Zip Code
4221 WEST 5 LANE
HIALEAH, FL 33012

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0026** Reg. # **58A-5.0182(2) FAC** LSC		ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:**

Reviewed By CMS RO | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . , 2015

Administrator
Grace Care Family Home, Corp
4221 West 5 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on 29, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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