STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	R / /
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 (CCR# 2015008999) Revisit Survey was conducted on 9, 2015. Peace Home Care, Inc had the following deficiencies identified at time of the survey

0160 Records - Facilitv

Based on observation, record review and interview the facility failed to have an update Admission/Discharge log:
Observation on / revealed six residents living in the facility.
Record review on / / revealed Admission/Discharge log was not updated. Facility ' s Admission/Discharge log reflected five residents living in the facility.
Record review on / Admission / Discharge log did not have a Resident #3 reflected.
Interview on / at 10:30 am revealed Owner confirmed that the Admission/Discharge log needed to be updated.
Class III
Uncorrected

0162 Records - Resident

Based on record review and interview, the facility failed to have signed the consent for unlicensed staff to assist with self-administration of medication for 2 out of 6 (#5 and 6) residents sampled.
Findings included:
Record review on / revealed Resident #5 ' s (admitted on) and Resident #6 (admitted on /) did not have a signed consent for unlicensed staff to assist with self-administration of medication. Furthermore, the medication record showed that staffs assist residents 5 and 6 with self-administration of medication.
During an interview on / / at 10:35 am with the Owner revealed that she acknowledged that Resident #5 and 6's consent was not signed by the resident or legal representative.
Class III

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 6 (5 and 6) sampled residents.
Findings included:
Record review on / revealed Resident #5 did not have a resident agreement signed by the resident or his representative. Record review revealed Resident #6 did not have a resident agreement

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SUMMARY STATEMENT OF DEFICIENCIES
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signed by the resident or her representative.
Interview on / / at 10:35 am the Owner acknowledged Residents 5 and 6 did not have their Residents agreements signed.
Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11964038

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/9/2015

Name of Facility
PEACE HOME CARE, INC

Street Address, City, State, Zip Code
5040 NW 197 STREET
MIAMI, FL 33055

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 **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC		ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28(** 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** [signature]	**Date:** 12/17/15	**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
Peace Home Care, Inc
5040 Nw 197 Street
Miami, FL 33055

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on
9, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

jcj
Enclosure

YOSF

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