STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966215	01/11/2016
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15561 SW 8 LANE** **MIAMI, FL 33194**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on / / . Lidy's Home Care had the following deficiencies at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each location.

Findings as follow:

Record review showed the facility Administrator supervised three facilities. Record review found the facility failed to appoint a separate Manager for each location.

On / / the facility's owner (Staff B) stated the facility had no Manager.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to follow the staffing patten.

Findings as follow:

On / / at 11:15 a.m. observed Staff C alone in facility caring for five residents. On / / at 11:20 a.m. observed Staff B arriving to the facility.

The staffing patten posted for / / showed Staff A (Administrator) and Staff B scheduled to work 7 am to 7 pm; Staff C off.

On / / Staff B acknowledged the facility was not following the staffing pattern posted.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an annual satisfactory health inspection.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966215	**01/11/2016**
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15561 SW 8 LANE** **MIAMI, FL 33194**	

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

Findings as follow:

Record review showed the facility's last health inspection was dated / / . The facility did not have any annual inspection available for review.

On / / the facility's owner (Staff B) stated the facility passed the annual inspection recently but had no proof of it.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 2 out of 4 (Staff A and B) facility staff trained in 3 hours of continuing education every two years.

Findings as follow:

Record review showed the facility held a standard license with a limited mental health (LMH) component.

Record review showed the facility failed to have Staff A and Staff B trained in working with LMH residents, 3 hours continuing education every two years. Record review revealed the last LMH continuing education training for Staff A was dated / and for Staff B dated / .

On / / the facility's administrator acknowledged the staff did not have the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lidy's Health Care
15561 Sw 8 Lane
Miami, FL 33194

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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 , 2016.** 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