| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964549 | 02/03/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**LEE'S PROGRESSIVE HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**80 -82 NE 166 STREET**<br>**MIAMI, FL 33162** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on at Lee's Progressive Home Care. There were deficiencies found at the time of the survey.

**0078 Staffing Standards - Staff**

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for one out of the two sampled employees (B).

Findings included:

Record review revealed Employee B's last testing was completed on . The facility failed to have evidence of a negative examination documented on an annual basis for Employee B.

Interviewed Employee B on at 2:00 PM she stated that she had forgotten to make an appointment with her doctor for the examination.

Class III

**0080 Training - Core & Competency Test**

Based on record review and interview the facility failed to ensure that the Administrator received 12 hours of continuing education training in topics related to assisted living.

Findings included:

Record review revealed the Administrator did not have the needed 12 hours of continuing education in topics related to assisted living every two years.

Interviewed Employee B on at 2:00 PM, she confirmed the findings in regards to the Administrator not having the required 12 hours of continuing education in topics related to assisted living in her files at the time of the survey.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964549** | **02/03/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**LEE'S PROGRESSIVE HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**80 -82 NE 166 STREET**<br>**MIAMI, FL 33162** | |

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

Based on record review and interview the facility failed to have two out of the two sampled Employees (Administrator and Employee B) trained in Assistance with Self-Administration of Medications annually.

Findings included:

Record review revealed that both the Administrator and Employee B did not have up to date Assistance with Self-Administration of Medication in their files at the time of the survey on . Employee A. (Administrator)'s last training was on - and Employee B.'s last training was on -

Interviewed Employee B on at 2:00 PM, in regards to neither of the two employees not having their training. Employee B stated that she has been telling the Administrator which is her daughter that the training were outdated and needed to updated before AHCA came to do the inspection, but the training was never scheduled.

Class III

**0085 Trainina - Nutrition & Food Service**

Based on record review and interview the facility failed to have one out of two sampled employees (Administrator) to had Nutrition & Safe Food Handling training annually.

Findings included:

Record review revealed Employee A. (Administrator) did not have the up to date training in Nutrition & Safe Food Handling at the time of the survey on . Employee .'S last training was completed on .

Interviewed Employee B. on at 2:00 PM, she confirmed the findings in regards to Employee A. (Administrator) not having her updated training in Nutrition & Safe Food Handling in her files at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2016

Administrator
Lee's Progressive Home Care
80 -82 Ne 166 Street
Miami, FL 33162

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

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