STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	04/26/2016
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Companion Home Corp with Extended Congregate Care and Limited Mental Health components had the following deficiencies identified at the time of the survey:

0004 Licensure - Requirements

Based on record review and interview facility failed to request an annual sanitation inspection from the health department.

Findings included:

Record review of inspections posted on the bulletin board in the living/dining that that last sanitation inspection was conducted on .

On at 12:12 pm the facility administrator stated that she did not realize that the health inspection was expired and that she never before had to call the health department to ask for a new inspection. She also stated that she will and let them know that she needs a new health inspection at the facility.

Class III

0010 Admissions - Continued Residency

Based on observation, record review and interview facility failed to have a new face to face medical examination conducted by a health care provider as part of the continued residency criteria after a significant change for 1 out of 7 sampled residents (Resident # 3).

Findings included:

On at 9:05 am during tour of the facility observed 2 nursing assistance from hospice giving a bed bath to Resident # 3.

Record review of Resident # 3 revealed that he was placed under hospice services on . Also revealed that the last health assessment was completed on and at that time resident required supervision with ambulation and required assistance with the rest of his activities of daily living.

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On at 10:55 am caregiver B stated that Resident # 3 required total assistance with his activities of daily living.

On at 11:30 am the facility administrator stated that she knew that after a significant change resident required a new health assessment done but that she forgot to do it.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview facility failed to honor resident rights regarding the use of half bed rail for 1 out of 7 sampled residents (Residents # 3).

Findings included:

During tour of the facility on at 9:05 am Resident # 3 was observed in bed with half bed rail up while 2 nursing assistance from hospice were giving him a bed bath.

Record review of Resident # 3 revealed that he had a prescription for use of half bed rails signed by his doctor on , but there was no consent signed for the resident to use half bed rail.

The facility administrator stated on at 10:30 am that she will contact Resident # 3 relatives to get a consent for the Resident # 3 to use half bed rails.

Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to document the elopement drills twice a year.

Findings included:

Record review revealed that the last documented elopement drill was conducted on /

On at 10:00 am the facility administrator stated that she performed the fire and the elopement drill last month but that she forgot to write the forms.

Class III

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0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 1 out of 5 sampled employees (Staff E).

Findings included:

Record review of Staff E revealed that the last examination was dated and it was negative.

The facility administrator stated on at 10:40 am that she will let Staff E know that her statement is already expired and that she needs a new one.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility administrator failed to provide proof of having completed 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Record review revealed that the facility administrator did not have a certificate to proof that she completed 12 hours of continuing education in topics related to assisted living in the last 2 years.

The facility administrator stated on at 10:45 am that she did the 12 hours with a consultant recently but she could not find the certificate.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to provide in-service training regarding the facility's resident elopement response policies and procedures within thirty days of employment for 1 out of 5 sampled employees (Staff C).

Findings included:

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Record review revealed that Staff C was hired on I/ and that there was no elopement training certificate available for review.

The facility administrator stated on at 11:00 am that she knew that the elopement training was missing because she was a little behind providing that training to her employees.

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to make sure that a staff that has completed courses in First Aid and and holds a currently valid card documenting completion of such courses be in the facility at all times for 1 out of 5 sampled employees (Staff D).

Findings included:

Record review of Staff D revealed that her and her First Aid card expired on .

On at 10:55 am Staff B stated that Staff D works at night and that she is alone with the residents.

On / at 2:10 pm the facility administrator called Staff D on the phone to let her know that she cannot work until she renews her first aid and training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Companion Home Corp
1997 Sw 17 Court
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-D[illegible]s, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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