STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	06/01/2016
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 SW 196TH DRIVE** **CUTLER BAY, FL 33157**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on / . Whispering Pines Home Care Inc with Limited Mental Health component, license number 11423, had deficiencies found at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have completed Health Assessments within 60 days prior to admission into the facility or 30 days after been admitted in the facility for one out of six (Resident #3) sample residents.

Finding included:

Review of Resident #3's record on / at 10:30 AM showed Resident #3 was admitted to the facility on / . Resident #3's Health Assessment was dated .

Interview conducted on / at 2:45 PM, the Administrator stated "Resident #3 resided in my other facility and was transferred here on / ." She acknowledged that Resident #3 needs a new Health Assessment.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to comply with resident's bill of rights by do not documenting resident work compensation for one out six (Resident #1) sampled residents.
Findings included:
Observation on / at 9:35 AM showed that Resident #1 was working in the backyard.
Resident #1 record review did not have documentation that he received compensation for the work that he does in the facility.
Interview conducted on / at 12:10 PM Resident #1 stated "I like to do some chores. They pay me. I buy my cigarettes with that money."
Interview conducted on / at 1:00 PM, the Administrator stated "He likes to do chores outside. I give him $200.00 monthly."
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of four staff (Staff C).

Findings included:

Record review for Staff C (caregiver) found no documentation that the staff received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff C's last training was dated .

Interview conducted on at 1:30 PM, Staff A, Administrator stated that Staff C assists the residents with self-administered medications.

Class III

0093 Food Service - Dietary Standards

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

Findings include:

Observation on / at 11:45 AM showed that the resident was served white rice, red beans, green beans, and juice.

Review of the facility's menu indicated the following would be served: Stewed Beef (4 oz.), white rice (1 cup), beans (1/2 cup), mixed vegetables (1/2 cup), salad dressing (1 T), Fresh fruit (1).

Interview on / at 12:00 PM, Staff C stated "I followed the menu. There was no protein in the menu. I am going to fry some eggs for them right now. I have chicken but I forgot to give it to them because I was nervous."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Whispering Pines Home Care Inc
8830 Sw 196th Drive
Cutler Bay, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennnial 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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