STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967641	06/30/2016
NAME OF PROVIDER OR SUPPLIER **FLORIDA HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2931 NW 106 STREET** **MIAMI, FL 33147**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Florida Home Care ALF Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review and observation the facility failed to conduct a new face-to-face medical examination, and failed to have an accurate updated health assessment (AHCA form 1823), to document a change in condition for 2 out of six sampled residents (Resident # 1 and # 5).

Findings included:

Record review revealed that Resident #1 was admitted on / and that the last health assessment was completed upon admission, stating that the resident required assistance with activities of daily living.

On between 8:55 am and 3:30 pm, Resident # 1 was observed feeding herself, walking with a walker and getting out of the chair on her own; the caregiver was only standing by her side when she stood up (supervision). Resident was continent and only needed supervision when toileting.

Caregiver B stated on / at 12:30 pm that resident # 1 required assistance for bathing, dressing and and she was independent with walking using a walker an required supervision with the rest of her activities of daily living.

Record review of Resident # 5 revealed that she was admitted on /. Her last health assessment was completed on and stated that the resident needed total help with activities of daily living.
On / between 8:55 am and 3:30 pm, Resident # 5 was observed walking independently with a walker as support.
Caregiver B stated on / at 1:15 pm that Resident # 5 required supervision with eating and and required assistance with bathing, dressing, toileting and transfer.
On / at 1:15 pm the Administrator stated that when the last health assessment was done Resident # 5 was bed bound but she got better over time and that he will make sure that the medical doctor comes to see Resident # 1 and # 5 to complete a new health assessment for both of them.
Class III

0030 Resident Care - Rights & Facility Procedures

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Based on record review and interview the facility failed to honor resident rights for 1 out of 6 sampled residents (Resident # 6). Resident # 6 was restrained by the use of a half bed rail which prevented her from getting out of bed without staff assistance.

Findings included:

During tour of the facility of at 9:00 am observed that the bed that Resident # 6 had half side rails attached.

Record review of Resident # 6 revealed that a prescription for half side rail was written on / and a consent to use half side rail was signed on .
On / at 11:57 am the facility administrator stated that he has to contact the health care provider for a new half bed rail prescription for Resident # 6.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure that empoyees that took an initial 4 hours training in assistance with self-administration of medications and, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 3 out of 4 sampled employees (Staff A, B and D).

Findings included:

Personnel record review of Staff A revealed that he took a 4 hours training in assistance with self-administration of medications on . No documentation of 2 hours of continuing education training annually was found.

Personnel record review of Staff B revealed that she took a 4 hours training in assistance with self-administration of medications on . No documentation of 2 hours of continuing education training annually was found.

Personnel record review of Staff D revealed that she took a 4 hours training in assistance with self-administration of medications on / . No documentation of 2 hours of continuing education training annually was found.

On / at 1:12 pm the Administrator stated that he and his employees needed to take the new

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training and that he had an appointment for next week.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that 1 out of 4 sampled staff participated in a 3 hours of continuing education in limited mental health every 2 years after taking the initial limited mental health training (Staff D).

Findings Included:

A review of the personnel record for Staff D revealed that she completed a 6 hours of limited mental health training on / / and that there was no documentation of a 3 hours of limited mental health training update.

The Administrator stated on / at 11:00 am that he does not understand what happened to Staff D's trainings because she used to be the administrator for the facility and had all the trainings. He also stated that he thought that Staff D removed the limited mental health training from her personnel record.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to complete a staff roster on the Background Screening Clearinghouse and failed to maintain the employment status for 4 out of 4 facility employees (Staff A, B, C and D) within the clearinghouse.

Findings:

A review of the facility's staff roster on the Background Screening Clearinghouse documented that no employees were registered.

The Administrator stated on / at 11:10 am that the he tried to update the facility roster on the clearinghouse website but his password was not working and he was asked to faxed some documents to AHCA, which he did, and he was going to try again to update the employee roster.

Unclassified

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Florida Home Care Alf, Inc
2931 Nw 106 Street
Miami, FL 33147

Dear Administrator:

This letter reports the findings of a 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 Aiugust 27, 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-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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