| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953555 | 07/26/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SOUTH FLORIDA HOME SERVICES IN** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**140 NW 9 AVENUE**<br>**MIAMI, FL 33128** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on ,2016. South Florida Home Services, Inc. (AL#9352) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

**L243 LMH - Training**

Based on record review and interview the facility failed to ensure that staff receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment in a limited mental health facility for one out of five sampled employees (Staff C).

Findings included:

Record review of personnel file for Staff C revealed that she was hired by the facility on . Record review also revealed that she had a 3 hours training in limited mental health on and that the initial 6 hours training was not in the file.

The facility's Administrator stated in interview on at 12:25 pm that Staff C used to work at another facility and had the initial training while working there but went she left she was not given the 6 hours certificate copy. The facility's Administrator also stated that if Staff C is not able to get the copy from that facility then she will make an appointment for Staff C to take the initial training again.

Class III

**Z813 Results of Screening & Notification in File**

Based on record review and interview the facility failed to have the signed Attestation of Compliance in the employees' personnel files for 4 out of 5 sampled employees (Staff B, C, D and E).

Findings included:

Review of the personnel records for Staff B, C, D and E revealed that there was no signed Attestation of Compliance.

The facility's Administrator stated on at 12:20 pm that she will print the Attestation of Compliance form for each staff and will have them to sign it.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Florida Home Services In
140 Nw 9 Avenue
Miami, FL 33128

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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