STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968719	08/17/2016
NAME OF PROVIDER OR SUPPLIER **IMMACULEE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5758 OAK HILL MANOR DR** **ORLANDO, FL 32839**	

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

0000 Initial Comments

An Initial Licensure survey was conducted on . Immaculee Home Care LLC. had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on staff personnel record review and interview, the facility did have documentation of 1 of 1 sampled staff (A) of an annual ( ) examination & freedom from communicable statement from Florida Department of Health or a licensed healthcare provider.

Findings:

Staff A's personnel record revealed no evidence that an annual ( ) examination & freedom from communicable statement completed by a licensed healthcare provider or Department of Health (DOH).

An interview on at 10 AM with the owner/staff explaining that this is a pre-requisite at the initial licensure survey. Owner/staff confirmed that she cannot provide the documentation.

Class III

0083 Training - First Aid and

Based on personnel record review and interview, the facility did not have documentation that 1 of 1 sampled staff (A) completed training courses in First Aid and ( ) from an accredited college, university or vocational school; a licensed hospital; the American Red Cross.

Findings:

Staff A's personnel record revealed no evidence of a valid card of the First Aid and ( ) training of completion.

An interview on at 10 AM with the owner/staff explaining that the First Aid and training is required at the initial licensure survey. Owner/staff confirmed that she did not have the documentation or card for First Aid and .

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Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview, the facility failed to ensure that 1 of 1 sampled staff (A) unlicensed staff successfully completed the initial 4-hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

Staff A's personnel record revealed no evidence that the initial 4-hour assistance with self-administration of medications & safe medication practices training was successfully completed. The personnel record revealed a 2-hour certification medication course completed on .

An interview on at 10 AM with the owner/staff who confirmed that she only took the 2-hours course some time ago.

Class III

Z813 Results of Screenina & Notification in File

Based on personnel record review and interview, the facility did not have documentation of 1 of 1 sampled staff (A) copy of compliance for Level 2 Background Screening (BGS) eligibility.

Findings:

Staff A's personnel record did not have a copy of eligibility of her Level 2 Background Screening (BGS) on file.

The Level 2 BGS clearinghouse website was checked online on at 10:10 AM at the time of the initial revealing she is eligible effective .

An interview on at 10:10 with the owner/staff who offered no comment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2016

Administrator
Immaculee Home Care
5758 Oak Hill Manor Dr
Orlando, FL 32839

RE: Initial Licensure

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 , 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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