STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	07/29/2016
NAME OF PROVIDER OR SUPPLIER **MADELIN HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 SW 103 CT** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial survey was conducted at Madelin Home Care Corp. with Limited Mental Health components on . There were deficiencies found at the time of the survey. (Lic# 12396)

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each facility. The Administrator supervised two assisted living facilities (ALFs) and did not have proof of high school completed or GED.

Findings included:

Record review revealed the Administrator supervised two ALFs, the facility failed to appoint a separate Manager for each facility. The Administrator also did not have proof of high school completion or GED.

Interviewed the Owner of the facility on at 2:00 PM. The Owner stated that she was advised that an Administrator could be in charge with two to three facilities at the same time, but did not realize that changes had been made in regards to how many facilities could be operated by one Administrator. The owner could not provide proof of high school completion for the Administrator.

Class III

0162 Records - Resident

Based on record review and interview facility failed to have one out of the five (#3) sampled residents' power of attorney (POA), Surrogate, or Guardian documentation.

Findings included:

Record review revealed that Resident #3 was admitted on - and the daughter of the resident did not have POA, Surrogate, Guardian document in the chart at the time of the survey on . All of the residents documents in the chart has been signed by the daughter.

Interviewed the Owner of the facility on at 2:00 PM, the Owner stated that she thought there was a POA in the chart. Once the Owner reviewed the resident's chart, she found that there was no type of documentation in the file giving the daughter the right to sign any of her fathers paper work.

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The Owner called the residents daughter and ask did she have a POA for her father and Owner was told, no.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Madelin Home Care Corp
2980 Sw 103 Ct
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on [redacted], 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 [redacted], 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

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