STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	08/12/2016
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Licensure Monitoring Survey was conducted on . Reyes Home Care #2 (license # 11271) had the following deficiencies at time of the survey:

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes that resulted in medical attention one out of six(# 4) sampled residents that in the facility.
Findings included:
Record review on / showed that Residents #4's progress note dated on stated "on Resident #4 was admitted to the hospital she is still at the hospital on ." The facility did not document the reason Resident #4 was admitted to the hospital; no documentation that primary physician or family and/or emergency contact was informed.
During an interview at 7:19 AM, the facility's Administrator stated that Resident #4 and we called 911. She stated that Resident #4 was transferred to the hospital . She stated she had hip .
During an interview on at 7:46 AM Resident #4 stated I on she stated less than a month. She stated I was getting up from my bed to the my walker and slipped and I . She stated I was on the floor and I did start screaming I , I staff did run fast to my I told them to called 911. She stated I my hip and I had surgery done.
During an interview on / at 8:01 AM, the facility's Administrator stated I called 911 and I called the doctor to informed them over the phone that Resident #4 . She stated I did not any documentation on my progress note that I contacted family member or primary doctor.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to honor resident's rights regarding the use of physical and to obtain a consent bed rail use for two out of six sampled residents (Resident #1,2).

Findings included:

On at 06:07 AM observed Resident #1 with bed rails placed in bed, and with a walker and a rocking chair used as a . On at 6:07 AM observed Resident #2 with walker placed next to bed used as a .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	08/12/2016
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

On at 08:08 AM interview with Resident #2 stated she does not know why the staff places the walker next to her bed.

On at 08:21 AM interview with the Resident #1 stated she is not able to move the walker or chair on her own.

On record review of Resident #1's file revealed there was no documentation of a bed rail consent form.

On at 8:13 AM the Administrator stated that the staff used a walker and chair as precautions and that she was waiting for Resident #1's daughter to sign the bed rail consent but the daughter wanted to tell her mother to sign on her own, and she did not have a bed rail consent form for the resident to sign.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.
Findings included:
Record review on showed the facility's Administrator (Staff A) supervised two facilities. Further review found the facility finder website had the facility's Manager (Staff B) supervised two facilities as the Administrator. The facility failed to appoint a separate manager for the facility that did not supervised any other facility.
During an interview on at 6:46 AM, the facility's Administrator acknowledged the Manager (Staff B) supervised other facilities. She stated that Staff B was Manager at both facilities.
Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed have evidence of a negative examination documented on an annual basis for two out of three (Staff B and C) sampled staff.
Findings included:
Record review on showed Staff B (hire date) and Staff C (hire date /) did not have evidence of a negative examination documented on an annual basis The last statements by a health care provider on file were dated for Staff B (manager) / and for Staff C (caregiver) / , respectively.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	08/12/2016
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

During an interview at 6:45 AM, the Administrator acknowledged the facility did not have the updated documentation for review during survey.
Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to have a personnel record for one out of four (D) sample staff.
Findings included:
Observations on at 6:00 AM, Staff D was assisting residents with activities of daily living (ADLs).
During an interview on at 6:05 AM Staff D (caregiver) stated that she did not have personnel files because she cover for another staff. She stated "I did not have social security."
On at 6:15 AM observed Staff D (caregiver) in # assisting one resident.
On at 6:24 AM, Staff D (caregiver) went to # to assist both residents with ADLs; Staff C (caregiver) was at the kitchen.
Record review on showed Staff D did not have personnel record at the facility for review. Staff did not have a level II background screening completed.
During an interview on at 6:40 AM, the facility's Administrator stated "I have no personnel record for Staff D for review."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report and 15 day full incident report to the agency for one out of six (# 4) sampled residents.
Findings included:
Record review on showed that Residents #4's progress note dated on stated "on Resident #4 was admitted to the hospital she is still at the hospital on .
During an interview at 7:19 AM, the facility Administrator stated that Resident #4 and we called 911. She stated that Resident #4 transferred to the hospital . She stated she had hip .
During an interview on at 7:46 AM Resident #4 stated I on she stated less than a month. She stated I was getting up from my bed to the my walker and slipped and I . She stated I was on the floor and I did start screaming I , I staff did run fast to my I told them to called 911. She stated I my hip and I had surgery done.
During an interview on at 8:01 AM, the facility's Administrator stated I did not report the incident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	08/12/2016
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

to the AHCA.
Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for 1 out of four (Staff D) sampled staff prior to providing care and services to a census of six (6) residents.
Findings included:
Observations on at 6:00 AM, Staff D was assisting residents with activities of daily living (ADLs).
During an interview on at 6:05 AM Staff D (caregiver) stated that she did not have personnel files because she cover for another staff. She stated "I did not have social security."
On at 6:15 AM observed Staff D (caregiver) in # assisting one resident.
On at 6:24 AM, Staff D (caregiver) went to # to assist both residents with ADLs; Staff C (caregiver) was at the kitchen.
Record review on showed Staff D did not have personnel record at the facility for review. Staff did not have a level II background screening completed.
During an interview on at 6:40 AM, the facility's Administrator stated that Staff D (caregiver) did not have background screening done. She stated "I have no personnel record for Staff D for review."
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Reyes Home Care #2
1640 Sw 83 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Licensure Monitoring Survey that was conducted on 12, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com