STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966213	08/17/2016
NAME OF PROVIDER OR SUPPLIER TL SEA HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 14031 SW 39 ST MIAMI, FL 33175	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on , 2016. TL Sea Home Care Services (AL#10455) with Limited Nursing Services and Limited Mental Health had a deficiency 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 four sampled employees (Staff C). The facility also failed to have a 3 hours update of limited mental health training for 2 out of 4 sampled staff (Staff A and B).

Findings included:

Record review of personnel file for Staff C revealed that she was hired by the facility on / as the Registered Nurse for limited nursing services and also as a caregiver and that's he did not take the initial 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment.

Record review of personnel file of Staff A and B revealed that they took the last 3 hours of specialized training in working with individuals with mental health diagnoses on /.

The facility's Administrator stated on / at 12:50 pm that he thought that Staff C did not need the training because she was a Registered Nurse. He also stated that he thought that Staff B and himself did not need the limited mental health training because they did not have any limited mental health training.

On / at 1:00 pm the facility's Administrator stated "I just made an appointment for next Friday ( ) for Staff B and me; I registered my wife (Registered Nurse, Staff C)for to take the initial training. My wife did not work as caregiver before but now she does."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
TI Sea Home Care Services
14031 Sw 39 St
Miami, FL 33175

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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