AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **435 EAST 31 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 24, 2016. Professional Home Care I (AL#6507) with Limited Nursing Services component had deficiencies at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to complete health assessments after a significant change for 2 out of 11 sampled residents (Residents #1 and #2). The facility also failed to have an accurate health assessment for 1 out of 11 sampled residents (Resident #11).

Findings included:

Review of Resident #1's record revealed that the last health assessment was completed on and stated that the resident required assistance with her activities of daily living.

Review of Resident #2's record revealed that the last health assessment was completed on and did not reflect that the resident was under hospice services and stated that the resident required assistance with her activities of daily living, was able to ambulate and to transfer with assistance of one person.

Record review of Resident #11 revealed that the section that states the type of assistance needed with medications had been left blank.

On at 10:00 am the facility's administrator stated that at the time of the survey Residents #1 and #2 were bedbound and required total assistance with their activities of daily living. On at 10:05 am the facility's administrator stated that he will get the doctor to complete a new he... assessment for the residents.

On at 2:11 pm the facility's administrator stated that he was not aware that Resident #11's health assessment was incomplete and that he will contact the doctor as soon as possible to complete health assessment to indicate what type of medication assistance the resident requires.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility's administrator who administered two facilities failed to

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	10/24/2016
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **435 EAST 31 STREET** **HIALEAH, FL 33013**	

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

appoint in writing a manager for each facility.

Finding included:

Record review of the Health Finder revealed that the facility's administrator administered two facilities.

The facility's administrator stated on at 1:10 pm that he did not have a manager for his facilities and that the lady that does his billing and his daughter are going to take the CORE training to serve him as managers.

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 personnel records for 2 out of 5 sampled employees (Staff D and E).

Findings included:

Review of the personnel files revealed Staff D was hired on / and that Staff E was hired on and that there was no signed attestation of compliance for Staff D and E.

The facility's administrator stated on at 1:20 pm that he had no realize that Staff D and E were missing the Attestation of Compliance and that he will make sure that they have in their personnel files.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on record review and interview the facility failed to ensure that a staff that had a 90 days break in service in a position that requires level 2 background screening gets a new level 2 background screening prior to start working at the facility for 1 out of 5 sampled staff (Staff C).

Findings included:

Personnel record review of Staff C revealed that she was hired on . Staff C's background screening was dated . Review of her employment application revealed that from 2012 to she worked at a cleaning agency that did not require a level 2 background screening.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	**10/24/2016**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **435 EAST 31 STREET** **HIALEAH, FL 33013**	

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

The facility administrator stated on 10/24/16 at 2:30 pm that he will make sure that Staff C gets a new level 2 background screening done.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

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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