RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Md Home Care, Inc
4857 Nw 168 Terrace
Opa Locka, FL 33055

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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966381	**11/03/2016**
NAME OF PROVIDER OR SUPPLIER **MD HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4857 NW 168 TERRACE** **OPA LOCKA, FL 33055**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 11/03/2016. MD Home Care Inc. (AL10585) with Standard license had the following deficiencies identified at the time of the survey:

0078 Staffing Standards - Staff

Based on observation, record review and interview the facility failed to have the annual statement of freedom from communicable including for 1 out of 4 (Staff D) facility Staff.

Findings as follow:

Record review showed the facility failed to have the fredom from communicable including made on annual basis for Staff D. The last freedom from statement for Staff D, available for review, was dated .

The facility administrator acknowledged the facility failed to have the freedom from statement up-to-date for Staff D.

Class III

0125 Fiscal - Suretv Bonds

Based on record review and interview the facility failed to have a surety bond for 1 out of 6 (Resident #4) facility residents whose administrator, serves as representative payee for such resident.

Findings as follow:

Record review showed the facility receives the Social security check for Resident # in a bank account that is under resident's #4 name and MD home care's name.
Record review showed the facility has no proof of a Surety bond for resident #4.

On / at 2:30 p.m. the facility administrator acknowledged received resident #4 social security check in residents account and facility name is on the checks because resident has no family. The administrator stated the facility had no a surety bond for resident #4.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966381	11/03/2016
NAME OF PROVIDER OR SUPPLIER **MD HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4857 NW 168 TERRACE** **OPA LOCKA, FL 33055**	

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

0160 Records - Facility

Based on record review and interview the facility failed to have a Sanitation and a Fire inspections up-to-date.

Findings as follow:

Record review showed the facility last Fire inspection was dated I/ and the Last Sanitation inspection was dated .

On I/ at 2:30 p.m. the facility administrator stated had requested the inspections without success.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have a Power of Attorney for 1 out of 6 (Resident #4) facility residents.

Findings as follow:

Record review showed the Contract between the facility and resident #4 was signed by a friend of resident #4.
Record review showed the facility had no a Power of attorney for resident #4.

On I/ at 2:30 p.m. the facility administrator acknowledged the facility had no a power of attorney for resident #4.

Class III