RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Ibis Home Care Inc
15088 Sw 71 Lane
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state relicensure 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
	AL11966382	11/08/2016
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

0000 Initial Comments

A Standard Biennial survey was made on 11/08/16. Ibis Home Care, lic #10579 had the following deficiencies found at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to have a physician's order and resident consent for the use of full and half side bed rails for three (#1, # 3, and # 4) of five sampled residents.
Findings included:
Observation on / at 9:25 AM during a facility tour with the Administrator revealed that Resident #1 had attached to his bed a half bed rail and Resident #4 was sleeping in bed and had full side bed rail attached to his bed. In # , observed Resident #3 asleep in bed with a full bed rail up on both sides.
A review Residents #3 and #4 files revealed that both residents did not receiving hospice care. Resident #1 did not have a physician's order for the use of half bed rails. Resident ' s #1, #3 and #4 did not have on file consents to the use of full or half-bed rail.
During an interview on / / at 11:21 A.M., the Administrator reviewed the resident records, then acknowledged that Residents #1, #3 and #4 record did not have a physician's order or the Inform consent to the use of half bed rails or full beds rails. At 11:22 A.M., the Administrator removed the full bed rail for Resident #4 and the half bed rail from Resident #1's bed.
Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility's caregiver failed to follow proper procedures during assistance with self-administration of medication for one out of four (#1) sampled residents.
Finding included:
Observation on / at 9:04 a.m. Staff B assisted Resident #1 with self-administration of medication in the living . At 9:04 A.M. Staff B walked to the resident 's chair and gave a plastic cup with a few pills inside. The Resident took the pills and swallowed the medicine with water. Staff B did not tell the resident the medicines' names.
A review of the medication observation record (MOR ' s) revealed that medicines 5 mg, 150, 2.5 mg, 850 mg, Aspir-Low 81 mg, Sulf 325 mg showed that facility Staff B initialed before Resident#1 took the medicine.
During an in an interview on / with Caregiver B at 9:08 a.m. acknowledged that she did not follow

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	11/08/2016
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

the proper procedure with self-administration of medication to resident. The facility administrator acknowledged the deficiencies found.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility. The Administrator supervised more than one facility.
Findings included:
A review of facility files revealed that there was no documentation in writing verifying the appointment a manager. A review of Florida heath finder database showed the Administrator supervised two assisted living facilities.
Interviewed on / / at 9:53 A.M., the Administrator stated that Staff C took the training to be an Administrator, but did not pass the required certification test (CORE).

Class III

0078 Staffing Standards - Staff

Based on observation, record review and interview, the facility's personnel records did not have current documentation verifying freedom from communicable including for three out of three sampled employees (Staff A, B and C).
Findings included:
On / at 8:55 A.M. observed the Administrator and Staff B assisting residents with activities of daily living (ADL).
Record review showed that the Administrator (Staff A), Staff B and Staff C did not have documentation on record of the annual result of freedom from communicable and ( ) .The last documentation by a health care provider on record for staff and Staff C were dated / / and for Staff B dated / / .
During an interview on / at 9:47 A.M. Aministrator reviewed the employee records and acknowledged that staff did not have the updated test result.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe and decent living environment for residents.
Findings included:
On / at 9:25 A.M., observed during a facility tour that living had yellow stains.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	**11/08/2016**
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

During an interview on 11/16/16 at 10:03 A.M. the Administrator stated that ceiling did have yellow stains because of a leak. He further stated "I repaired but do not have any documentation because was done by a family member." He acknowledged that ceiling had to be painted.
Class III

0162 Records - Resident

Based on record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for two out of four sampled residents (Resident #1 and #3).
Findings include:
Record review on / / showed the contract between Resident ' s #1 and #3 and the facility was signed by a family member. Record review showed that there was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for resident #2.
On / / at 11: 10 A.M., the Administrator reviewed Resident #3's record and acknowledged that the record did not have power of attorney (POA) . At 11:21 A.M. the Administrator reviewed resident #1's record and he acknowledged that a POA was not available for review. He stated "for this file I understand why the record does not have a POA and it is because he is a new resident."
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	**11/08/2016**
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

Z814 Background Screening Clearinghouse

Based on observations, record review and interview, the facility failed to register three of three sampled employees on the facility's roster in the background screening clearinghouse database (Staff A, B, C).
Findings included:
On / at 9:25 AM, observed the Administrator and Staff B caring for the residents and providing personal services to them.
Staff schedule review showed Staff A, B, C were scheduled to work at the facility.
A review of the facility's roster in the background screening clearinghouse database showed that the facility did not register any employees on the .
Interviewed on / at 12:07 P.M., the Administrator acknowledged that the staff were not registered on the facility's clearinghouse roster.

Unclassified