STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	**12/29/2016**
NAME OF PROVIDER OR SUPPLIER **PEACE HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5040 NW 197 STREET MIAMI, FL 33055**	

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

0000 - Initial Comments

A Complaint (2016013401) Survey was conducted on 12/27/16 and concluded on 12/29/16. Peace Home Care, Inc. license # 8952 had the following deficiencies found at time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to have a written staffing pattern that reflects its 24-hour for a given time period.
Findings included:
On at 9:20 a.m. record review revealed the staffing pattern posted on board had one staff, Staffs C, scheduled for 7:00 a.m. to 3:00 p.m. and Staff B (administrator) for 12:00 p.m. to 8:00 p.m. Staff A (owner/caregiver) was Off. Staff D's name did not appear on the staffing pattern.
On at 9:20 a.m. during facility tour found the facility had 6 residents in the facility, Staff E helping Staff A.
Observed on at 9:49 a.m. Staff D arrived at the facility, she stated that she is staff.
During an interview on at 9:56 a.m. the facility Owner stated that Staff C was off today, she is in vacation. She stated that the administrator was in his . She stated Staff E is helping at the facility and she is not staff. Facility administrator acknowledged that staffing scheduled was not accurate.
Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on observation and interview the facility failed to have proof of liability insurance at all times.
Findings included:
On at 9:26 AM during the tour was observed the liability insurance posted was dated / .
During an interview on 1:50 p.m. the facility's owner was inform that she did not provide updated liability insurance. She stated we are going call to get the updated documentation.
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a weight record initiated on admission for 1 out of 6 (#4) sampled residents.
Findings included:
Record review showed Resident #4 (date of admission did not have weights recorded at the time of the admission. Resident #4 was admitted on .
During an interview on / at 10:57 a.m. the Staff A stated that Resident #4 record did not have the weight recorded because she is a new admission.
Class III

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation and interview, the facility failed to honor residents' rights by having a non-staff at the facility with access to the residents ' private and common areas without background screening.
Findings included:
On at 9:20 a.m. observed Staff E was at the facility sitting in a common area with residents.
During the survey process from 9:20 a.m. to 2:00 p.m. observed Staff E walking in and out from residents'
During an interview in on at 9:22 a.m. Resident #4 stated Staff E was the lady that opened the door worked here, she is a good person and very helpful.
During an interview on at 11:46 a.m. Resident #3 stated that Staff E is working here and she assisted residents with bath.
During an interview on at 11:50 a.m. Resident #1 stated that Staff E worked here every day and did assist resident with their need day and nights.
During an interview on at 12:00 p.m. Resident #2 stated Staff E is a staff here, she did assist me with bath and my needs.
During an interview on at 1:00 p.m. family member stated "I'm living here in this house. She stated Staff E, worked here. She helped us a lot."
During an interview on at 12:41 p.m. Staff A stated Staff E is my sister in law; she was married with one of my brother. She is visiting and is going back to her country because she has her son is there. She stated she did help me here at the house during her stays. I'm telling you the truth, she helped me here and I helped her.
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Peace Home Care, Inc
5040 Nw 197 Street
Miami, FL 33055
RE: CCR #2016013401

Dear Administrator:

This letter reports the findings of a Complaint 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 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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Miami, FL
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