STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	R 01/13/2017
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 revisit was conducted on 01/13/17. Ibis Home Care, lic #10579 had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the Administrator failed to use a signed and completed medical examination report and the information contained therein to assist in the determination of the appropriateness of the resident ' s admission for 1 out of 4 (#5) sampled resident .
Findings included:
During a facility tour on / / at 9:10 a.m., observed in # , Resident #5 in bed with a full bed rail up on both sides of the bed.
Record review showed that Resident #5 was admitted on / / . Health assessment (form 1823) dated showed that the resident need special precautions including hospice care services, and needed total care with all activities of daily living (ADL). The resident had special order instruction Puree diet and the status was bedridden. Resident #5 needed medication administration.
During an interview on / at 9:10 a.m., Staff B stated that resident was receiving hospice care.
During an interview on / at 11:00 a.m. the Administrator acknowledged that he admitted Resident #5 bed bound, needing medication administration and receiving hospice care; He stated "She is my next door neighbor."
Class III

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

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 1 out of 4 sampled residents (#1).

Findings included:

Record review showed the contract between Resident #1 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 #1.

During an interview on / / at 10:05 a.m. the Administrator stated that the resident's family had the power of attorney but it was not present in the record.

Class III

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	AL11966382	R **01/13/2017**
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)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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