

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . TLC Home, Inc. with a Standard License #5898 had the following deficiencies found at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

On at 12:00 PM record review revealed that the facility had not appointed a Manager for this facility. Record review found the Administrator supervised three facilities.

On at 1:15 PM during an interview the administrator (A) was informed of the deficiencies that were found and the administrator stated that she was going to look into it and assigned a manager for this facility.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have a proof of a negative () exam for three of seven sampled staff (Employee A, D, and F) and a freedom from communicable statement for two out of seven sampled staff (Employee C and E)

Findings included:

On at 12:00 PM record review of Employees C (hired on) and E (hired on) files revealed a written statement from a health care provider documenting freedom from communicable was not at the facility. Employee A, D, and F had no evidence of a negative examination completed yearly.

On at 1:15 PM during an interview with the the caregiver (B) and the administrator (A) were informed of the deficiencies. The administrator acknowledged the facility did not have a written statement from the health care provider stating that these staff members were free of communicable including .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on observations and record review the facility failed to have three of seven (Staff C, E, G) sampled staff trained a minimum of 1 hour in safe food handling practices. Findings included: On at 12:00 PM record review found Staff C (hired on), E(hired on), and G (hired on) did not have safe food handling practices training. On at 1:15 PM during an interview with the the caregiver(B) and the administrator(A) were informed of the deficiencies. The administrator stated that she thought that all the employees had been trained but she was going to make sure to get them the training up to date. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on observations and record review the facility failed to have one of seven (Staff B) a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility annually. Findings included: On at 12:00 PM during the record review found that Staff B did not have nutrition and food service training. Staff B's last training was dated On at 1:15 PM during an interview with the the caregiver and the administrator were informed of the deficiencies that were found and the administrator stated that she was going to take care of them as soon as possible. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview the facility failed ensure one of seven (Staff E) sampled staff received at least one hour of training in the facility's policy and procedures regarding (.....) training within 30 days after employment.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: On at 12:00 PM during record review revealed Staff E did not have training. Staff E was hired on . On at 1:15 PM during an interview with the the caregiver (B) and the administrator (A) were informed of the deficiencies that were found and the administrator stated that she was going make sure to have this staff member would take the training. Class III		