STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	R 03/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IBIS HOME CARE INC	**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 second revisit was conducted on . 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 4:35 P.M., observed in # , Resident #5 in bed with a full bed rail up on both sides of the bed. Per staff, the resident was receiving hospice care.

Record review showed that Resident #5 was admitted on . Health assessment (form 1823) dated showed that the resident needed 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. A new health assessment (AHCA form 1823) dated had diagnoses , ( ), advance , bed confined, , , ( ). , , , , incontinence. Resident needed total care with ADL's Ambulation (non-ambulatory), bathing/dressing, eating, self-care/toileting (by ALF personnel), transferring (non-ambulatory) Special order instruction Puree consistency of fluids and solids; the resident status bedridden. Resident needs medication administration.

During an interview on at 5:00 p.m. Staff B stated that resident was receiving hospice care and was bedridden "since day one".

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

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Observation on at 4:30 P.M revealed that Caregiver B was the only staff in the facility at the time of the survey taking care of five residents.

Review of facility's record revealed that the staff schedule was not posted in bulletin board.

In an interview on at 5:57 AM the Caregiver A confirmed that she was the only staff person there, taking care of six residents.

During an interview on at 5:55 P.M. Staff B stated that the staffing scheduled was posted but is not there anymore.

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 2 out of 5 sampled residents (# 6).

Findings included:

Record review showed the contract between Resident #6 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 #6. Documentation available was a Last Will dated .

During an interview on at 6:05 P.M. Staff B stated that the resident's family provided this documentation: last will.

Class III