| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966909** | **04/04/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LUCY'S HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2005 SW 97 AVENUE**<br>**MIAMI, FL 33165** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Luci's Home Care inc. with Limited mental health component (AL11049 ) had the following deficiencies identified at the time of the survey:

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on observation, record review and interview the facility failed to ensure that 1 out of 5 sampled residents met the admission criteria (Resident #1).

Findings as follow:

On at 9:45 a.m. Resident #1 was observed in bed.

Admission and Discharge record review showed resident was admitted to facility on .

A review of the health assessment dated for Resident #1 showed that the resident needed total assistance with bathing, dressing, and toileting. Further record review showed that the resident was receiving hospice care.

On at 1:00 p.m. the Administrator stated that when Resident #1 was admitted, he was able to walk, bathe and dress himself.

Class III

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

Based on observation, record review and interview the facility failed to have an accurate staffing schedule.

Findings as follow:

On at 9:40 a.m. Staff B was observed, alone, providing care for 6 residents.

Staffing schedule review showed Staff A and B were scheduled to work from 7 am to 7 pm.

On at 1:00 p.m. the administrator (Staff A) acknowledged that the Staffing schedule was not accurate.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966909** | **04/04/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LUCY'S HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2005 SW 97 AVENUE**<br>**MIAMI, FL 33165** | |

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

Class III

**0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC**

Based on interview and record review, the facility failed to have a surety bond in an amount equal to twice the average monthly income for 3 of 5 residents for who, it received funds(Residents #2, #3 and #4).

Findings:

On at 10:00 a.m. the Administrator stated the Social security checks of Residents #2 and #3 went from the Social security to the facility's bank account and the check of resident #4 went from the social security to the facility address under the facility's name. The Administrator further stated that the facility had no a surety bond.

Record review showed that there was no documentation of a surety bond held by the facility.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966909** | **04/04/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LUCY'S HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2005 SW 97 AVENUE**<br>**MIAMI, FL 33165** | |

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to maintain an updated roster of its employees within the Background Screening Clearinghouse database. Three of three sampled staff were not listed on the roster (Staff A, B and C) facility Staff.

Findings as follow:

A review of the staffing schedule showed that Staff A, B and C were listed.

A review of the Background Screening Clearinghouse database showed the facility had no staff registered on its roster.

unclassified.

On at 1:00 p.m., the Administrator stated she believed that she had registered the employees on the clearinghouse rooster.

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS**

Based on record review and interview the facility failed to ensure that have 1 of 3 sampled staff had an eligible level 2 background screening, reconfirmed every 5 years.

Findings:

Staff record review showed the most recent background of Staff A was performed on .

On at 10:00 a.m. Staff A stated she was planning to do her background screening on the day of the survey.

Unclassified