STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964038	04/10/2017
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 Standard Biennial Survey was conducted on . Peace Home Care, Inc. license # 8952 had the following deficiencies found at time of the survey:

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one of five sampled staff (E) within 30 days of employment. The facility failed to provide evidence of a negative ( ) examination on an annual basis for three of five sampled staff (A, B, and E).

Findings included:

Record review found the facility did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff E within 30 days of employment. Staff E was hired on .

Record review revealed Staff A's last statement was dated . The facility failed to provide evidence of a negative examination on an annual basis for Staff A.

Record review revealed Staff B's last statement was dated . The facility failed to provide evidence of a negative examination on an annual basis for Staff B.

Record review revealed Staff E's last statement was dated . The facility failed to provide evidence of a negative examination on an annual basis for Staff E.

On at 2:30 pm after Staff B confirmed Staff A, B, D and E did not have the statements in their files. She stated, "We need to update our ."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure that one of five sampled staff (D) received in-serves training in activities of daily living (ADLs), Resident Rights, Elopement, Nutritional & Safe Food Handling within 30 days of employment.

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

Findings included:

On at 10:00 am the staffing pattern posted in the office reflected Staff D as facility employee.

Record review showed Staff D did not have training documentation in the following areas: ADLs, Resident Rights, Elopement, and Nutritional & Safe Food Handling within 30 days hire.

During an interview on at 11:55 am, Staff B reviewed Staff D's record for missing training, then acknowledged that these training records were not in the record for review.

Class III