STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	05/04/2017
NAME OF PROVIDER OR SUPPLIER **MADELIN HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 SW 103 CT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on , 2017. Madelin Home Care Corp (License #112396) had the following deficiency identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have an update weight log records and notes on changes in weight for one out of five (#2) sampled residents.

Findings included:

Record review showed Resident #4, admitted on , weight recorded by the facility was dated on admission was 173 pounds. Resident #4's health assessment weight dated was 162 pounds less. The facility did not have any other weight records available to review. The facility also did not document the changes in weight for Resident #4.

During an interview on at 12:57 PM, Staff B stated Resident #4's weight log needed an update

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview the facility failed to have licensed personnel administer medications to one out of five sampled residents (Resident #1).

Findings included:

Record review of Resident #1's file revealed that the medication section stated, "Needs administration." Record review found Resident #1 had administration by a home health service. Resident #1 did not have medications from the facility provided by licensed personnel.

Resident #1 stated on at 8:43 am, "I have never run out of medication. I have my medication as my doctor order it."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure that the Administrator completed

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CORE training within 90 days of hire.

Findings included:

Record review found the Administrator's hire date was dated .

Record review revealed Staff A as the Administrator of the facility on the health finder website.

Record review revealed the facility's background screening clearinghouse listed Staff A as the Administrator of the facility.

Interview with Staff B on at 2:50 PM confirmed that there was a change of Administrator but it was not sent to the licensure unit.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an updated Emergency Management Plan approval and annual satisfactory fire inspection.

Findings included:

Observation on at 9:30 am revealed that the Emergency Management Plan approval letter and the fire inspection posted on the facility board.

Record review revealed that the facility had a fire inspection dated on and the Emergency Management Plan dated on .

Interview on at 12:00 PM Staff B stated, "We are going to update them."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure one out of four sampled staff (Staff B) received the three hours required Limited Mental Health (LMH) training update.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of Staff B's records found that she did not have an update for the LMH training. Staff B (hired on) last training dated on (8 hours).

Interview on at 12:30 PM Staff B stated, "We will not apply for the LMH components anymore; therefore, I did not take the training update."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the background clearinghouse revealed that the facility's employee roster did not have Staff D (hired on) listed.

Review of the background clearinghouse revealed that the facility's employee roster had a staff that no longer worked in the facility since 2017.

Interview on at 11:00 am staff stated, "I will update the facility's clearinghouse."

Unclassified