STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966031	**05/11/2017**
NAME OF PROVIDER OR SUPPLIER **ENDLESS HOME CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **9125 SW 166 AVENUE** **MIAMI, FL 33195**	

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

0000 - Initial Comments

An Abbreviated biennial survey was conducted on . Endless Home Care III, license # 10349 had the following deficiencies at the time of the survey:

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

Based on observation, record review and interview, the facility failed to have 2 out of 4 sampled employees' (Staff A and D) negative test results documented on an annual basis.

Findings included:

Observed on at 10:00 A.M., the Administrator proving assistance with activities daily living (ADL) to residents.

A review of the staffing scheduled posted showed that Staff D worked night shift alone.

A review of Staff' A and D's personnel records revealed that the last examination was done on .

On at 10:54 A.M., the Administrator acknowledged that the test results for her and Staff D were expired.

Class III

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

Based on observation, record review, and interview, the facility failed to provide staffing adequate to meet the scheduled and unscheduled needs of the census of 5 residents.

Findings included:

On at 9:30 A.M. observed that Staff C alone in the facility assisting five residents with all the activities of daily living (ADL).

A review of the staffing schedule posted in the living the month of , 2017 showed the following: Staff C was scheduled to work from 7:00 a.m. to 7:00 p.m. and Staff D from 7:00 P.M. to 7:00 A.M. The Administrator and Manager were on call.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966031	05/11/2017
NAME OF PROVIDER OR SUPPLIER **ENDLESS HOME CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **9125 SW 166 AVENUE** **MIAMI, FL 33195**	

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

During an interview on at 9:33 A.M., Staff C stated "I'm here from 7:00 A.M. to 7:00 P.M. alone assisting 5 residents and two of them are in hospice."

A review of Resident #1's hospice plan of care from to showed increase and crocking episodes. The resident has episodes of agitation and and was very difficult when transferred from bed to chair. The resident had a high risk of and a high risk of . A Physician order dated showed full bed rails, puree diet, crush all medications, at 2 liters as needed. A review of Resident # 2's hospice plan of care from to showed diagnoses of total care/ total dependence for ADL/ rigidity/ drooling/ increased . The caregiver stated that care required minutes each when feeding these residents.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that 1 out of 4 (Staff C) sampled staff obtained a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

A review of Caregiver C's record revealed that the staff completed 4 hours training on assistance with self-administered medication on .

In an interview on at 10:54 A.M. the Administrator acknowledged that Staff C did not have the 2 hour update training for assistance with self-administered medication.

Class III