STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **ESTEVEZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3900 SW 122 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017004047) was conducted on , 2017 and concluded on . Estevez Home Care Corp. (license # 11452) with Limited Mental Health had deficiencies identified at the time of the survey.

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

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

Findings included:

A review of Resident #1's record revealed that she was admitted to the facility on and had a health assessment completed on the same day. At the time that the health assessment was completed, the resident required supervision with eating and assistance with the rest of her activities of daily living (ADLs). Resident #1 was admitted to the hospital on and came back on after being in rehabilitation. Hospital record review and resident record review revealed that she was admitted to the hospital again on and came back on after being in rehabilitation.

On Resident #1 was observed sitting in bed at 12:10 pm eating her lunch by herself using her left hand to hold the spoon; Staff C was with her holding the plate.

On at 12:15 pm the Administrator stated that Resident #1 required assistance with transfer and was able to walk a few steps but refused to get out of bed most of the time. The Administrator she also stated that the resident was totally and used diapers and needed total assistance with bathing, dressing and .

On at 4:03 pm the Administrator stated, " I already spoke to the family and told them that she needs rehabilitation and to get better or I'm going to have to discharge her."

Class III

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

Based on record review and interview the facility failed to provide adequate supervision for one out of 5 sampled residents (Resident #1). Resident #1 acquired a broken bone, and facility staff did not know how she got it. The facility also failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, or other changes that resulted in the provision

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	07/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESTEVEZ HOME CARE CORP	**3900 SW 122 AVENUE MIAMI, FL 33175**

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

of additional services.

Findings included:

The hospital record review of Resident #1 revealed that she was admitted to the Emergency Department on with to (B/L) / area with and noted to right anterior knee. On her physical examination the / extremities examination was grossly normal except for having tenderness and to B/L / area with decreased range of motion (ROM) due to discomfort. Her skin was normal except affected area, of the B/L / area with trace right anterior knee and other areas in the upper extremities. She was admitted to the third floor with a diagnosis of displace of shaft of and ; she was placed on precautions. The ALF was called and no history of was reported. During tour of the facility on observed that there were 3 for the residents to use and the staff across the dining front of the kitchen away from the residents' .

Review of the health assessment for Resident # 1 revealed that it was completed by her primary physician on and stated that she required supervision with eating and assistance with the rest of her activities of daily living. Her diagnoses were , , , High , , Atherosclerotic , and Constipated. She had decreased vision and hearing, decreased memory and concentration. She used half bed rails, with a prescription written by her primary care physician on and the consent was signed on .

Resident #1's facility record review revealed that on she was sent to the hospital because her knees were .

The Administrator stated on at 9:49 am, "She was sent to the hospital on , not ; I am not sure. After that she went to rehab for about 2 months. She never ; she woke up with her knees and and I called her doctor and she told me to send her to the hospital to be checked. I called her family and they agreed to send her. The doctor that saw her at the hospital called me 4 hours later and asked me if she had had a and I told her no and why was she asking and then she told me that she had a in one of her knees. I went to the hospital and explained to them that she had not had a and I called her family and they went to the hospital. Next day I went back to the hospital I found that she had both knees immobilized and when I asked the nurse she told me that both knees were immobilized because of the advanced , that she had. I called her doctor and she told that she had to be immobilized and after she would go to rehabilitation. She never ."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	07/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESTEVEZ HOME CARE CORP	**3900 SW 122 AVENUE MIAMI, FL 33175**

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

On at 10:45 am Resident #1's primary care physician stated on the phone, "Resident # 1 had a knee but she did not , it was because of the , ; she did not have any hematomas or . She is very sensitive and her bones easily, maybe she hit her knee with the side rail or the wall."

On at 4:26 pm Staff E stated on the phone, "I worked that night with Staff C and she did not . She was not able to get out of bed, she would get restless but she could not move that much; she could barely move." The facility staff could not explain how Resident # 1 sustained to both knees. Observation showed that based on the distance from the residents' to the staffs' , the staff was not able to hear if a resident was asking for help at night.

The facility progress notes for Resident #1 stated that the resident had been sent to the hospital on . Review of the hospital record revealed that the resident had been admitted to the hospital on .

On the administrator stated at 9:49 am, "She was sent to the hospital in , , not . I am not sure."

On at 12:15 PM the Administrator stated that Resident # 1 required assistance with transfer and was able to walk a few steps but refused to get out of bed most of the time; she also stated that the resident was totally and uses adult briefs, needed total assistance with bathing, dressing and .

On at 12:10 PM observed that Resident # 1 sat on bed eating her lunch by herself using her left hand to hold the spoon with staff C holding the plate. Staff C asked her to sit on the chair and she refused saying, "turn off the lights and leave me alone." Later the administrator asked her again and she refused. The administrator stated that the resident had no wounds. Observed an old scar on her right knee (right knee replacement surgery).

On at 4:03 the Administrator stated, "From now on I will write the notes at the time something happens to avoid mistakes."

Class III

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

Based on record review and interview the facility failed to post an up-to-date staffing schedule.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **ESTEVEZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3900 SW 122 AVENUE** **MIAMI, FL 33175**	

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

Findings included:

On at 9:07 am, reviewed the staffing schedule posted on the bulletin board and it covered from , 2017 to , 2017. Staff E was listed as working on the staffing schedule.

On at 9:08 am the Administrator stated at 11:30 am, " Staff E quit working on first because of her kids. I told the consultant to remove her from the roster but I did not realize that she was on the schedule."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **ESTEVEZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3900 SW 122 AVENUE** **MIAMI, FL 33175**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview and record review. the facility failed to ensure that one of three sampled staff had an eligible level II background screening before working alone with residents (Staff D).

During tour of the facility on between 9:00 am and 9:10 am Staff D was inside the Resident # 2 to get a shower and to get dressed.

On at 9:02 am Staff C stated, "I am an employee and Staff D has been in training since yesterday."

A review of the background screening clearinghouse database showed Staff D had no level II Background screening.

On at 10:41 am the administrator stated, "We are taking her to have the fingerprints done today and she will be trained."

Unclassified