STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969063	**07/24/2017**
NAME OF PROVIDER OR SUPPLIER **EVERLASTING FAMILY HOME CARE SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2722 OKLAHOMA ST** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR #2017004293) was conducted on through at Everlasting Family Care Home Services (License #12890). The facility had a deficiency at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled residents (Resident#3) had a current Resident Health Assessment (AHCA 1823 Form) that accurately reflects the residents care needs.

The findings Included:

Review of Resident#3's AHCA Form 1823 revealed, the resident was admitted to the facility on . . . . . Review of the AHCA Form 1823 revealed the form is a faxed copy, with a fax date of . Further review revealed blank areas on AHCA Form 1823 as follows:

a) Page #1, No height and weight documented.

b) Section A page #2 that list the residents level of need for Activities of Daily Living has been left blank.

c) Section B page #2 No diet selection documented.

d) Page 3 Sections A and B that are to be filled in by the facility is blank.

e) Page 4 Section B- No date of examination documented.

During an interview with Designee on at approximately 2:30PM, she acknowledged the findings and provided no additional information for review.

Class III