STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965180	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8969 NW 152 LANE** **HIALEAH, FL 33016**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review and interview the facility failed to have an eligible level 2 background screening for one of four sampled staff (D) on file.

Findings included:

Observations on . . . . from 9:30 am - 2:00 pm revealed Staff D assisted residents (1-5) with activities of daily living.

Review of Staff D's (hired) record revealed the background screening stated, "A new screening is required." The facility did not have an updated level 2 background screening at the facility.

Interview conducted on . . . . at 1:00 PM Staff B, stated, "Staff A had her background screening on file."

Unclassified

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0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. Maggy's Home Care (Lic #9649) had the following deficiencies found at time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to keep medicines locked at all times.

Findings included:

Observation on at 9:38 am revealed that there were for Oral Suspension, and Suppositories unlocked in facility's refrigerator.

Interview on at 1:00 am Staff A stated, "staff probably put those medications in the refrigerator."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have an accurate weight record for one of five sampled (1) residents. The facility failed to have an accurate health assessment for one of five sampled residents (2).

Findings included:

1. Record review showed Resident #1 did not have an accurate weights information. Her health assessment (dated) reflected 120 pounds. However, Resident #1's weight log (dated) reflected 133 pounds.

Interview on at 1:00 pm Staff A acknowledged Resident #1's weight changes in less than a months. Staff A stated, "It has to be a mistake, I will verify that information."

2. Review of Resident #2's health assessment dated on reflected, "NKA."

Review of Resident #2's demographic page stated, " to and ."

Interview on at 1:00 pm revealed that Staff B confirmed that she did not notice the discrepancy between the demographic page and health assessment.

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

Class III

Class III