STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	R 09/01/2017

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)

0000 - Initial Comments

A complaint revisit survey (CCR#2017004047) was conducted on . Estevez Home Care Corp. (license # 11452) with Limited Mental Health had the following deficiencies identified at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report with the state within 1 and 15 business day for one out of six sampled residents (Resident #1).

Findings included:

Hospital record review revealed that Resident #1 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 displaced of shaft of and ; she was placed on precautions.
Incident report book revealed that the last incident report was on .

During an interview on at 11:45 A.M., the Administrator stated that she did not file a 1 day or 15 day incident report with the state.

Class III