STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965748	**10/05/2017**
NAME OF PROVIDER OR SUPPLIER **MABLEX HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13391 SW 27 ST** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Mablex Home Care, Inc. with a Limited Mental Health component license (#10101) had the following deficiencies found 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 have an updated updated health assessment for 1 of 5 sampled hospice residents who needed medication administration (Resident #4).

Findings included:

On at 9:05 AM on a phone interview Resident #2's son stated that he comes to the facility every single day twice a day to give the medication to his mother.

A review of Resident #2's health assessment (AHCA form 1823) dated stated that resident needed assistance with self-administration of medication.

On at 12:30 PM on an interview with the administrator she stated that she was going to make sure that the health assessment was going to be up to date by the time of the re-visit.

Class III

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

Based on observation, record review, and interview, the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 3 sampled staff (A and C).

Findings included:

Employee record review revealed Staff A (Administrator) and Staff C (caregiver) did not have written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

On at 11:30 AM the Administrator stated she did it but the doctor had not send it to her.

Class III