STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	R 10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL HOME CARE II	**447 EAST 31 STREET** **HIALEAH, FL 33013**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 4th, 2017. Professional Home Care with limited nursing services component (license number 91) had the following deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that appointed manager took the CORE training and passed the CORE competency test no later than 90 days after becoming employed.

Findings included:

Review of the Health Finder database revealed the Administrator supervised two Assisted Living Facilities.

Review Background screening website for providers showed that facility's employee roster showed Staff B as Manager.

Review of the Manager's personnel revealed that there was no proof that the Manager completed the CORE training.

In an interview on at 9:26 AM the Manager revealed that the CORE test was canceled due to hurricane. The training test place was closed and Manager has an extension from the trainer until for completing it.

Class III
Uncorrected

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to have the annual satisfactory fire safety inspection.

Findings included:

Review of facility record revealed that Fire satisfactory inspection was on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	R **10/04/2017**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET** **HIALEAH, FL 33013**	

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

In an interview on . . at 7:40 AM Administrator revealed that fire reinspection was in schedule for the end of . . . . . .

Class III
Uncorrected

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	AL11911409	R 10/04/2017

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PROFESSIONAL HOME CARE II	**447 EAST 31 STREET** **HIALEAH, FL 33013**

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