STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	10/04/2017
NAME OF PROVIDER OR SUPPLIER **DURAN HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **26775 SW 129 AVENUE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at Duran Home Care on . Duran Home Care License #11169, had the following deficiencies identified at the time of survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to provide records of the daily services administered by a home health agency to 1 of 1 sampled residents (Resident #5).

Findings Included:

A review of Resident #5's home health file revealed the last recorded log entry was on .

On at 12:15 PM Staff A stated "I thought the home health agency would leave the log, and I trusted the paperwork was there. I will call them and assure they leave the paperwork in the facility."

Class III

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

Based on record review and interview the facility failed to have a current Emergency Management Plan.

Findings included:

A review of the facility's records showed that the last approved Emergency Management Plan was dated .

On at 10:19 AM Staff A stated "I already submitted the Emergency Plan and I'm waiting for it to be approved."

Class III

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

Based on observation, record review, and interview the facility failed to have updated health assessment done by healthcare provider after a significant change for 1 out of 2 sampled residents (Resident #4).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **DURAN HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **26775 SW 129 AVENUE** **HOMESTEAD, FL 33032**	

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

Findings included:

A review of the resident's file revealed that Resident #4 has been receiving hospice services since . The plan of care required that the resident receives crushed medications administered by hospice, and there was a 'crush medication' order. The resident was receiving , relief care. A review of the health assessment (1823) dated revealed Resident #4 was diagnosed with , , , , and . The resident's physical or sensory limitations showed as: Gait abnormality. or behavioral status: memory . The resident required assistance with ambulation, bathing, dressing, self-care ( ), toileting, transferring, and needed supervision with eating. The resident needed assistance with self-administered medication. There was no documentation on the health assessment that the resident received care.

On at 11:35 AM, the hospice nurse stated "Resident #4 is bedbound has a , on the left heel and left ankle."

Class III