STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	10/12/2017
NAME OF PROVIDER OR SUPPLIER **GRACE CARE FAMILY HOME, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4221 WEST 5 LANE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Grace Care Family Home Corp License # 10394 had the following deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview the facility failed to honor residents right to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy for two out of six sampled residents (#3 and 6).

Findings included:

On at 9:10 AM Staff B entered # without knocking. Residents #3 and #6 were in the in on their beds watching television. During a tour of remaining 1 through 3, Staff B entered each knocking on the door.

On at 2:00 PM, the Administrator stated he will review this with Staff B.

Class III

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

Based on record review and interview, the facility failed to have an an Administrator who has passed the CORE examination.

Findings includes:

A review of the facility provider locator database and the Background Screening clearinghouse databases showed the facility's current administrator as Staff A. Search of college database found Staff had not passed the CORE examination had failed the test about three times, leaving the facility without a qualified administrator. A review of the personnel records showed the Administrator's date of hire as . There was no documentation in the personnel file to show that the Administrator had passed the CORE skills examination.

On at 3:30 PM, the Administrator confirmed he had taken the CORE exam multiple times and had not passed, and is planning on taking the test again.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	10/12/2017
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to provide documentation that one of four of sampled staff who provide direct care to residents received the required in-service training within 30 days of employment (Staff C) .

Findings included:

Review of the staff schedule showed Staff C (hired) worked 7 PM to 7 AM Monday through Sunday. Review of there employee file found no documentation that Staff C received the in-service training in 1. Reporting major incidents or 2. Reporting adverse incidents.

On at 3:00 PM, the Administrator acknowledged after reviewing the file that Staff C did not have the training.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview the facility failed to keep appliances in working order and failed to ensure that walls and ceilings were painted.

Findings included:

On at, observed that the facility's dining had peeling paint. The # had peeling paint in the ceiling above shower. The light bulb inside of the refrigerator was not working.

Interviewed on at 3:13 PM after seeing the area, the Administrator confirmed findings of peeling paint and out light bulb in the refrigerator.

Class III