STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966148	**10/10/2017**
NAME OF PROVIDER OR SUPPLIER **TIME IS CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19010 NW 44 AVENUE** **OPA LOCKA, FL 33055**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Time is care with Limited Mental Health component (licensed # 10391) had the following deficiencies 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 provide residents with convenient access to a telephone to facilitate the residents' right to unrestricted and private communication

Findings included:

Observations from 10:00 am - 1:40 pm revealed the facility's telephone was not working.

Interview on at 1:35 pm Resident # 4 stated, "I would like to have a phone to make my calls in privacy. The phone is broken."

Interview on at 1:30 pm Resident # 6 stated, "I would like to have privacy while I am using the facility phone to make my calls; the phone that is removable is not functioning. We have no phone."

Interview on at 1:40 pm Staff B and C stated, "Yes, the facility phone is not working, but the phone of the printer is working. They can use that one." Then, Staff B and C admitted that there is no privacy with the phone of the printer, and the portable phone next to the kitchen is not working."

Class III

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

Based on interview and record review the facility's administrator or designee failed to provide receipts of administration services from a home health agency for two of six (1 and 2) sampled residents.

Findings included:

Record review revealed Residents 1 and 2 did not have written information of administration at the facility.

Phone interview on at 12:40 pm the home health nurse stated, "I provide to Residents 1 and 2."

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Class III

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

Based on observation and interview the facility failed to provide a safe living and decent environment free from mosquitos.

Findings included:

Observations on at 11:00 am found Resident #5 was seating at the back porch which did not have a screen, and there were mosquitos observed around the resident biting her. Further observations from 10:00 am - 1:40 pm revealed the facility had mosquitoes.

Interview on at 12:00 pm Staff B revealed the residents (1-6) always sit in the porch. Interview on at 12:00 pm Staff (B and C) and residents (1, 4, 5, and 6)." They stated, "Well, the mosquitoes get inside of the house every time we open the back door."

Observation during the facility tour on at 9:30 am 1:00 pm revealed the backyard of the facility had wood, a glass window, cement blocks debris, broken sidewalk at the border of the house. The floor of the facility had scratches, stained and not maintained. The walls of the facility were stained.

The following were also observed:
Air Conditioner door hanging
Mosquitos inside of the facility
Stains on the ceiling at the porch
Dining table border dirty
Commodore inside of the to replace or repaired
The kitchen was not maintained
Living are pealing

Interview on at 3:00 pm Staff B and C stated, "Yes, the Administrator alleged that she will fix everything. They are doing reparation. "

Class III

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

Based on record review and interview the facility failed to provide a satisfactory health inspection.

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

Findings included:

Record review revealed that the facility did not proof of satisfactory health inspection in the facility.

Interview on at 10 am Staff B acknowledged the document not posted and stated, "Staff A is in charge of this document."

Class III