

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922174	(X3) DATE SURVEY COMPLETED R 10/23/2017
NAME OF PROVIDER OR SUPPLIER LAURA'S ELDERLY HOMECARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19500 SW 127TH AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Complaint Re-visit Survey CCR# 2017006422 was conducted on _____ and concluded _____. Laura's Elderly HomeCare, Inc. with limited mental health component license # 7992 had a deficiency found at the time of the survey.

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

Based on observations, record review, and interview the facility failed to have an up to date Liability insurance.

Findings included:

On _____ at 7:50 AM, observed that the Liability Insurance certificate posted on the site's bulletin board was dated _____ and expired on _____.

On _____ at 8:15 AM during an interview with the administrator he stated: " I do not know what happened, the facility had the Liability Insurance up to date, but I guess I misplace it. I will have to look for it."

A review of facility records showed that the facility's last sanitation inspection record kept onsite was dated _____. A review of an email communication from the health department showed that the facility's citation for a bedbug infestation dated _____ had been cleared on _____. There was no documentation at the facility of this current, cleared health inspection. Further review of facility records showed that there was no documentation of policies and procedures to prevent bedbug infestation.

Interviewed on _____ at 9:10 am, the exterminator stated that the last time he had come to treat the facility was in _____ of 2017, and that he was scheduled to return there that day.

Class III