STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	R **12/11/2017**
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 revisit survey was conducted on 11th, 2017. Duran Home Care Corp with License #11169 had the following uncorrected deficiency identified at the time of survey:

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

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

Findings included:

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

In an interview on at 8:35 AM Administrator revealed that home health nurse came every day.

Class III
Uncorrected