

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on _____, 2017. Exclusive Home, with the Limited Mental Health component license (#9772), had deficiencies identified at the time of the survey: 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview, the facility failed to provide an accurate staffing schedule. Findings included: A review of the staffing schedule revealed that it was not accurate; Staff C was not listed on the staffing schedule. The Schedule did not reflect 168 working hours to meet the needs of the census of five residents a week. The staffing pattern reflected Staff A working from 7:00 am to 7:00 pm with a total of 60 hours (5 days). Staff B working 7:00 pm - 7:00 am with total of 60 hours (5 days). Dates off did not reflect any staff covering; therefore, staffing pattern reflected 120 working hours between the two staffs (per week) for a census of five residents. Interview on _____ at 12:54 pm revealed that Resident #4 stated, "Staff C recently started to work here, she works on weekends and she cooks delicious." Interviewed on _____ at 12:50 pm Staff C stated that she started to work recently, and she just worked on Weekends." Staff C stated, "I did not have her record because she is not here all the time, I did not know that she needs to have record, background, attestation and be part of the facility roster." Interview on _____ at 1:29 by phone revealed that Staff C stated, "I start to work in the facility three weeks ago. I only work on Weekends; I do not want any problem. I am a good person; however, I have no background from AHCA done and I am an American Citizen." Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on observation, record review and interview the facility failed to have in-serve training in recognition and reporting _____, neglect and _____ training for one of three sampled staff (Staff B). Findings included: Observation on _____ from 9:30 am - 2:00 pm revealed Staff B cleaning resident _____, cooking and		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
assisting residents with ADLs. Record review revealed that Staff B did not have documentation of training in the following area : Recognition and reporting , neglect and , training During an interview on at 1:00 pm, Staff A confirmed that Staff B was missing the above training. Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the facility failed to have a surety bond equal to twice the average monthly aggregate income or personal funds for to one of five sampled residents for whom it acts as payee (Resident #1). Findings included: Record review revealed that Resident #1's bank account identified the facility as payee. A review of the bulletin board posted in the office revealed that the liability insurance covered from to and that there was no surety bond posted on the bulletin board. Interview on at 11:16 am revealed that Staff A did not know that the facility was payee for Resident #1. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review, and interview the facility failed to ensure that one of three (Staff C) sampled staff had completed applications with references. Facility failed to have a record for Staff C. Findings included: Record review revealed that Staff C did not have employment applications previous employment or employment verifications. Staff C did not have a file in the facility. Interview on at 12:52 pm revealed that Resident #4 stated, "Staff C recently started to work		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
here, she works on Weekend and she cooks delicious." Interview on at 12:50 pm revealed that Staff C started to work recently, and she just work on Weekends." Staff C stated, "I did not have her record because she is not here all the time, I did not know that she needs to have record, background, attestation and be part of the facility roster." Interview on at 1:29 by phone revealed that Staff C stated, "I start to work in the facility three weeks ago. I only work on Weekends; I do not want any problem. I am a good person; however, I have no background from AHCA done and I am an American Citizen." Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on observation, record review and interview the facility failed to have complete record for two of five sampled residents (1 and 2). Findings included: Observation on at 9:46 am revealed locked medications () in the refrigerator belonged to Residents #1 and #2. Record review revealed that the facility did not have an order on file for Residents #1 and #2. Interview on at 9:46 am revealed that Staff B stated, "Residents #1 and #2 had daily administration from home health agency nurse. Interview on at 1:20 pm revealed that Staff A acknowledged that Residents #1 and #2 did not have a Doctor's order for administration. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have the signed attestation of compliance in the staff personnel record for one of three sampled employees (Staff C).

Findings included:

Record review revealed that Staff C did not have signed Attestation of Compliance in the facility at the time of survey.

Interview on at 12:54 pm revealed that Resident #4 stated, "Staff C recently started to work here, she works on Weekend and she cooks delicious."

Interview on at 12:50 pm revealed that Staff C started to work recently, and she just work on Weekends." Staff C stated, "I did not have her record because she is not here all the time, I did not know that she needs to have record, background, attestation and be part of the facility roster."

Interview on at 1:29 by phone revealed that Staff C stated, "I start to work in the facility three weeks ago. I only work on weekends; I do not want any problem. I am a good person; however, I have no background from AHCA done and I am an American Citizen."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the background screening clearinghouse database.

Findings included:

A review of the background screening clearinghouse database revealed that the facility's employee roster did not have Staff C listed.

Interview on at 12:54 pm revealed that Resident #4 stated, "Staff C recently started to work here, she works on weekend and she cooks delicious."

Interview on at 12:50 pm revealed that Staff C started to work recently, and she just work on Weekends." Staff C stated, "I did not have her record because she is not here all the time, I did not know

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER EXCLUSIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 183 WEST 18 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
that she needs to have record, background, attestation and be part of the facility roster." Interview on at 1:29 by phone revealed that Staff C stated, "I start to work in the facility three weeks ago. I only work on Weekends; I do not want any problem. I am a good person; however, I have no background from AHCA done and I am an American Citizen." Unclassified Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on record review and interview the facility failed to provide documentation of an eligible Level II background screening for one out of three sampled staff (C). Findings included: A review of the personnel file revealed that there was no documentation of, for Staff C, an eligible level II background screening . Interviewed on at 12:54, Resident #4 stated, "Staff C recently started to work here, she works on Weekend and she cooks delicious." Interviewed on at 12:50 pm the Administrator stated that she started to work recently, and she just worked on weekends." Staff C stated, "I did not have her record because she is not here all the time, I did not know that she needs to have record, background, attestation and be part of the facility roster." Interviewed on at 1:29 by phone, Staff C stated, "I start to work in the facility three weeks ago. I only work on Weekends; I do not want any problem. I am a good person; however, I have no background from AHCA done and I am an American Citizen." Unclassified		