

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967830	(X3) DATE SURVEY COMPLETED 01/02/2018
NAME OF PROVIDER OR SUPPLIER OVANY'S HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 526 SW 66 AVENUE MIAMI, FL 33144	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Ovany's Home Care Corp. with a Limited Mental Health component (license #11822) had the following deficiencies found at the time of the survey:

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

Based on observation, record review, and interview the facility failed to ensure that one out of four sampled employees (Staff C) received activities of daily living (ADL), Elopement, Resident Rights, Recognizing/Reporting , Neglect & , training.

Findings included:

On at 7:05 AM observed Staff C caring for a census of six residents during the survey .

Record review revealed Staff C was hired on . The facility did not ensure that one Staff C received ADL, Elopement, Resident Rights, Recognizing/Reporting , Neglect & , training.

On at 11:00 AM the Administrator stated she knows Staff C received the training but she did not know where she had placed them.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations, record review, and interview the facility failed ensure that staff hired to provide direct care to the residents had at least one hour of training in the facility's policy and procedures regarding () training within 30 days after employment for one out of fours sampled staff (Staff C).

Findings included:

On at 7:05 AM observed Staff C caring for a census of six residents .

Employee record review revealed Staff C (hired on) did not have training.

On at 11:00 AM the Administrator stated that she thought that all the training were in her file

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/19/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967830	(X3) DATE SURVEY COMPLETED 01/02/2018
NAME OF PROVIDER OR SUPPLIER OVANY'S HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 526 SW 66 AVENUE MIAMI, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
because the consultant had come last month to the facility to make sure that all the training were up to date. Class III		