STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	R 02/08/2018
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial survey third revisit was conducted on . Ibis Home Care with a standard license#10579 had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to provide documentation of a face medical examination within 30 days of admission for one out of four sampled residents (Resident # 3).

Findings included:

Review of the admission / discharge log revealed that Resident # 3 was admitted on .

Review of Resident # 3 record revealed that there was no health assessment completed.

On at 10:00 AM caregiver stated that the administrator had requested the health assessment from the doctor several times and he had not given it to the facility.

Uncorrected
Class III

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview, the Assisted Living Facility failed to provide documentation that the resident, responsible party, guardian or attorney-in-fact, had received a copy of the resident's contract, or of other facility statements required to be included in the admissions package, for one of four sampled residents (Resident #3).

Findings include:

A review of Resident #3's record revealed that resident was admitted on and the resident contract and other documents were not signed, including: smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy .

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 10:15 AM the administrator stated that a Power of Attorney (POA) was on file, but the POA had forgotten to sign the contract.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

On [redacted] at 9:15 AM, observed Staff C was the only staff in the facility at the time of the survey taking care of four residents.

Record review revealed that Staff C was scheduled to work from Monday to Friday from 8:00 AM to 8:00 PM and Staff Monday, Wednesday and Friday 8:00 AM to 8:00 PM. Tuesday and Thursday 8:00 AM to 12:00 PM, Saturday and Sunday 24/hours.

On [redacted] at 10:00 AM the Administrator stated that Staff B was not in the facility because she had an emergency and she had to be admitted to the hospital.

Class III