STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967229	**02/23/2018**
NAME OF PROVIDER OR SUPPLIER **PLAMAR HOME CARE SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **4407 S W 162 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Plamar Home Care Services (License #11314) had a deficiency identified at time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to have an updated medical examination completed by a health care provider after a significant change for one out of six residents (Resident # 5) sampled residents.

Findings included:

During tour of the facility on at 9:45 AM observed Resident #5 lying in bed.

Interview conducted on at 1:00 PM, Owner stated that Resident's #5 can not assist with the activities of daily living, receive puree diet and hospice staff administer her medications two times daily.

Record review showed Resident #5's health assessment dated had a diagnosis of 's . The record document the resident needed assistance with the activities of daily living, assistance with medication, and low diet.

Resident's #4 hospice record review showed that the physician ordered puree diet and medication administration.

Class III