STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on . . . . . Dh Home Health Services, (License Number 10488) had the following deficiencies found at the time of survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to determining the appropriateness of the continued residency criteria after a significant change in condition for one out of six sampled residents (#1).

Findings included:

During tour of the facility on at 8:50 A.M. observed that # was occupied by Resident #1, who was in bed.

Resident #1's health assessment done on . . . . . showed diagnoses: ; ; ; with Behavioral Disturbance. The health assessment indicated that the resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review of Resident #1's hospice plan of care dated . . . revealed that Resident #1 was bedbound and hospice delegated functions to the Assisted Living facility (ALF) staff to assist the patient with medication administration. The changes noted on the plan of care had not been documented on an updated health assessment.

On . . . at 11:33 A.M., the Assistant Administrator stated, "hospice put us on a waiting list to send a License Practical Nurse (LPN) to administer Resident #1's medications".

On at 11:50 a.m. Observed Staff C that fed Resident #1 puree diet in bed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for for 1 out six sampled residents who received assistance with self-administration of medications (Resident #2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Finding included:

On at 9:53 A.M., observed that Resident #2 left to go to a day program.

Record review showed that the Medication Observation Record (MOR) was initialed by facility staff on at 12:00 P.M., for Resident #2's. The medication card showed that Mapap 500 mg pills were not removed from the .

On at 12:00 P.M., the Assistance Administrator stated "staff initialed MOR's by mistake because the Resident #2 is not here, she supposed to initial F (out)".

Class III

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

Based on record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

During tour of the facility on at 8:50 A.M. observed that the staffing schedule that was posted in the common area was for the month of , 2018.

On at 9:51 A.M., the Assistance Administrator stated, "my consultant is coming today to review my documentation". She acknowledged that staffing scheduled was for the month of .

Class III

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

Based on observation, record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of six sampled residents (#1). The facility failed to have an updated health assessment that reflected a change in condition for one out of six sampled residents (Resident #1).

Findings included:

During tour of the facility on at 8:50 A.M. observed in # , Resident #1 in bed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Record review showed the contract between Resident #1 and the facility was signed by a family member. Record review showed that there was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for resident #1. Resident #1 health assessment revealed that Resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review Resident #1 hospice plan of care dated showed that resident was bed bound and the Assisted Living facility (ALF) staff assist patient with medication administration.

On at 11:07 A.M. the Assistant Administrator stated, Resident #1 needed total care with ADL.

On at 11:50 a.m. Observed Staff C that fed Resident #1 a puree diet in bed.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation of Emergency Plan Approval.

Findings included:

A review of facility records showed that there was no documentation of Emergency Plan Approval.

On at 10:13 AM, the Owner, stated, "I have copy of the emergency management plan payment and I'm going to send it to you". Documentation was not provide by facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on . . . . . Dh Home Health Services, (License Number 10488) had the following deficiencies found at the time of survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to determining the appropriateness of the continued residency criteria after a significant change in condition for one out of six sampled residents (#1).

Findings included:

During tour of the facility on at 8:50 A.M. observed that # was occupied by Resident #1, who was in bed.

Resident #1's health assessment done on . . . . . showed diagnoses: ; ; ; with Behavioral Disturbance. The health assessment indicated that the resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review of Resident #1's hospice plan of care dated . . . revealed that Resident #1 was bedbound and hospice delegated functions to the Assisted Living facility (ALF) staff to assist the patient with medication administration. The changes noted on the plan of care had not been documented on an updated health assessment.

On . . . at 11:33 A.M., the Assistant Administrator stated, "hospice put us on a waiting list to send a License Practical Nurse (LPN) to administer Resident #1's medications".

On at 11:50 a.m. Observed Staff C that fed Resident #1 puree diet in bed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for for 1 out six sampled residents who received assistance with self-administration of medications (Resident #2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Finding included:

On at 9:53 A.M., observed that Resident #2 left to go to a day program.

Record review showed that the Medication Observation Record (MOR) was initialed by facility staff on at 12:00 P.M., for Resident #2's. The medication card showed that Mapap 500 mg pills were not removed from the .

On at 12:00 P.M., the Assistance Administrator stated "staff initialed MOR's by mistake because the Resident #2 is not here, she supposed to initial F (out)".

Class III

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

Based on record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

During tour of the facility on at 8:50 A.M. observed that the staffing schedule that was posted in the common area was for the month of , 2018.

On at 9:51 A.M., the Assistance Administrator stated, "my consultant is coming today to review my documentation". She acknowledged that staffing scheduled was for the month of .

Class III

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

Based on observation, record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of six sampled residents (#1). The facility failed to have an updated health assessment that reflected a change in condition for one out of six sampled residents (Resident #1).

Findings included:

During tour of the facility on at 8:50 A.M. observed in # , Resident #1 in bed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Record review showed the contract between Resident #1 and the facility was signed by a family member. Record review showed that there was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for resident #1. Resident #1 health assessment revealed that Resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review Resident #1 hospice plan of care dated showed that resident was bed bound and the Assisted Living facility (ALF) staff assist patient with medication administration.

On at 11:07 A.M. the Assistant Administrator stated, Resident #1 needed total care with ADL.

On at 11:50 a.m. Observed Staff C that fed Resident #1 a puree diet in bed.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation of Emergency Plan Approval.

Findings included:

A review of facility records showed that there was no documentation of Emergency Plan Approval.

On at 10:13 AM, the Owner, stated, "I have copy of the emergency management plan payment and I'm going to send it to you". Documentation was not provide by facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on . . . . . Dh Home Health Services, (License Number 10488) had the following deficiencies found at the time of survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to determining the appropriateness of the continued residency criteria after a significant change in condition for one out of six sampled residents (#1).

Findings included:

During tour of the facility on at 8:50 A.M. observed that # was occupied by Resident #1, who was in bed.

Resident #1's health assessment done on . . . . . showed diagnoses: ; ; ; with Behavioral Disturbance. The health assessment indicated that the resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review of Resident #1's hospice plan of care dated . . . revealed that Resident #1 was bedbound and hospice delegated functions to the Assisted Living facility (ALF) staff to assist the patient with medication administration. The changes noted on the plan of care had not been documented on an updated health assessment.

On . . . at 11:33 A.M., the Assistant Administrator stated, "hospice put us on a waiting list to send a License Practical Nurse (LPN) to administer Resident #1's medications".

On at 11:50 a.m. Observed Staff C that fed Resident #1 puree diet in bed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for for 1 out six sampled residents who received assistance with self-administration of medications (Resident #2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Finding included:

On at 9:53 A.M., observed that Resident #2 left to go to a day program.

Record review showed that the Medication Observation Record (MOR) was initialed by facility staff on at 12:00 P.M., for Resident #2's. The medication card showed that Mapap 500 mg pills were not removed from the .

On at 12:00 P.M., the Assistance Administrator stated "staff initialed MOR's by mistake because the Resident #2 is not here, she supposed to initial F (out)".

Class III

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

Based on record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

During tour of the facility on at 8:50 A.M. observed that the staffing schedule that was posted in the common area was for the month of , 2018.

On at 9:51 A.M., the Assistance Administrator stated, "my consultant is coming today to review my documentation". She acknowledged that staffing scheduled was for the month of .

Class III

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

Based on observation, record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of six sampled residents (#1). The facility failed to have an updated health assessment that reflected a change in condition for one out of six sampled residents (Resident #1).

Findings included:

During tour of the facility on at 8:50 A.M. observed in # , Resident #1 in bed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

Record review showed the contract between Resident #1 and the facility was signed by a family member. Record review showed that there was no documentation of a health care surrogate, health care proxy, guardian or a power of attorney appointed for resident #1. Resident #1 health assessment revealed that Resident needed assistance with all the activities of daily living (ADL) and needed assistance with self-administration of medications. Further review Resident #1 hospice plan of care dated showed that resident was bed bound and the Assisted Living facility (ALF) staff assist patient with medication administration.

On at 11:07 A.M. the Assistant Administrator stated, Resident #1 needed total care with ADL.

On at 11:50 a.m. Observed Staff C that fed Resident #1 a puree diet in bed.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation of Emergency Plan Approval.

Findings included:

A review of facility records showed that there was no documentation of Emergency Plan Approval.

On at 10:13 AM, the Owner, stated, "I have copy of the emergency management plan payment and I'm going to send it to you". Documentation was not provide by facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

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

Based on interview and record review, the facility failed to have one of four sampled staff listed on the employee roster in the Background Screening Clearinghouse Database (Staff D).

Findings included:

During tour of the facility on at 8:50 A.M. observed that the staffing schedule that was posted in the common area was for the month of , 2018. Staff D was listed on the scheduled to work on Saturday and Sunday each week.

On at 9:51 A.M., the Assistant Administrator stated Staff D worked in the facility as needed, last month she did work here.

A review of the facility's roster in the background screening database showed that Staff D was not listed.

Unclassified