STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968485	R **03/27/2018**
NAME OF PROVIDER OR SUPPLIER **ISA HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13316 SW 112TH CT** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Complaint Revisit Survey was conducted on 03/26/2018 & 03/27/2018. Isa Home Corp. with a Limited Mental Health component (AL#12367) had the following deficiencies identified at the time of the visit:

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have documentation of 3 hours of continuing education training in topics related to care and treatment of residents or management/administration required every two years for the Administrator (CORE update training).

Findings included:

A review of the administrator's employee file revealed, the Administrator was hired on and last updated CORE Training expired on .

On at 2:00 PM the Administrator stated via telephone that she had received the update and would place the documentation in her file for future inspections.

Class III

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

Based on record review and interview, the facility failed to have a signed contract by a legal representative and 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 1 out of 3 sampled residents (Resident #1).

Findings included:

A review of Resident #1's file revealed resident was admitted . Health assessment dated showed Medical history and diagnoses: , High . Per health assessment the resident requires assistance with handing personal and financial affairs. The contract on file dated was signed by the resident. There was no documentation of a power of attorney in the file.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968485	R **03/27/2018**
NAME OF PROVIDER OR SUPPLIER **ISA HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13316 SW 112TH CT** **MIAMI, FL 33176**	

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

On at 1:11 AM Resident #1's daughter stated "She is not able to make her own decisions. I have get a power of attorney, I am in the process of getting one for her. She is somewhat clear in her mind, but she has become forgetful."

Class III