STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932534	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **ESTHER HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13908 SW 26 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . . Esther Home Care Inc. with Limited Mental Health component, license# 8151 had the following deficiencies found at the time of the survey:

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

Based on record review and interview, the facility failed to ensure that the health assessment forms (AHCA form 1823) for two out of six sampled residents were complete and accurate (Residents #5 and #6).

Findings included:

A review of Resident #6's (admitted on) health assessment dated showed: Page #1, Special Precautions was blank; and Page #5, was not signed by resident or Power of Attorney (POA). Resident #5's (admitted on) health assessment dated ,showed on page #2, on Activities of daily living (ADL): on transferring stated Total Care required, but the resident could transfer with assistance. Resident #5's assessment for help needed with eating also said assistance, however the resident was independent.

On . . at 1:00 PM the Owner stated that she was going to contact the doctor to have him fix the health assessments.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that one out of six sampled staff having direct contact with residents receiving limited mental health services received three additional hours of continuing education every 2 years (Staff C).

Findings included:

A review of Staff C's personnel record showed that the employee was hired on . . . . . Initial training regarding mental health was dated but there was no documentation that the staff had the additional hours of continuing education.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:00 AM, the Owner stated that she had scheduled Staff C to take the training in the coming month.

Class III