STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	R **04/25/2018**
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 revisit survey was conducted on . . . . . Dh Home Health Services, (License Number 10488) had the following deficiencies found at the time of survey:

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

Based on record review and interview, the facility failed to provide signed 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).

Findings included:

Record review showed the contract between Resident #1 and the facility was signed by a family member. Record review showed that a Limited Power of attorney dated . . . . . was not signed by Resident #1, it was signed by a witness only.

On at 9:37 AM the Assistant Administrator stated, stated the resident did not sign the Limited Power of Attorney because in her health condition, "she can't sign."

Class III