STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. Companion Home Corp. (License # 7893) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to ensure that the Administrator received 12 hours of Assisted Living Facility Core Competency continuing education every 2 years.

Findings included:

A review of the Administrator personnel file revealed that the last documented 12 hours of continuing education training was done on .

On at 10:55 AM, the Administrator stated, "I cannot believe that the 12 hours expired already."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have current fire and health department inspections posted.

Findings included:

Review of the fire inspection revealed that it was dated and the health inspection was dated .

On at 9:50 AM, the Administrator stated, "they are supposed to come already." At 10:32 AM she stated, "I know they did not come for the health inspection."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

Based on record review and interview, the facility failed to a one-day adverse incident report for a resident that sustained a . and had to be transferred to the hospital for further treatment (Resident # 9).

Findings included:

A review of Resident # 9's record revealed that on at 11:30 am, she while going to the . The resident lost balance, 2 , and had a small cut under her chin. Her daughter, who lived across the street according to Staff, took her to the hospital.

On at 2:10 PM, the Administrator stated that the facility had not completed the one-day report electronically.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. Companion Home Corp. (License # 7893) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to ensure that the Administrator received 12 hours of Assisted Living Facility Core Competency continuing education every 2 years.

Findings included:

A review of the Administrator personnel file revealed that the last documented 12 hours of continuing education training was done on .

On at 10:55 AM, the Administrator stated, "I cannot believe that the 12 hours expired already."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have current fire and health department inspections posted.

Findings included:

Review of the fire inspection revealed that it was dated and the health inspection was dated .

On at 9:50 AM, the Administrator stated, "they are supposed to come already." At 10:32 AM she stated, "I know they did not come for the health inspection."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

Based on record review and interview, the facility failed to a one-day adverse incident report for a resident that sustained a . and had to be transferred to the hospital for further treatment (Resident # 9).

Findings included:

A review of Resident # 9's record revealed that on at 11:30 am, she while going to the . The resident lost balance, 2 , and had a small cut under her chin. Her daughter, who lived across the street according to Staff, took her to the hospital.

On at 2:10 PM, the Administrator stated that the facility had not completed the one-day report electronically.

Class III

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

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

Based on record review and interview the facility failed to maintain the employment status for one out of 6 sampled Staff on its roster within the background screening clearinghouse (Staff F).

Findings included:

On between 8:55 am and 12:20 pm, observed Staff F in the facility, obtaining staff records for review during the survey.

Review of the facility roster in the background screening clearinghouse database revealed that Staff F was not listed.

On at Administrator stated, "She works at the office."

On at 12:20 PM Staff B stated, "She used to work part time in the office but since she is [illegible] she is now only working in the office and quit her other job."

Unclassified