STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967293	05/07/2018
NAME OF PROVIDER OR SUPPLIER **HELPING HAND ASSISTED HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 SW 129 AVENUE MIAMI, FL 33175**	

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

0000 - Initial Comments

An abbreviated biennial survey was conducted on . . . . . Helping Hand Assisted Home Care LLC, with a Limited Mental Health component, (License # 11390) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to have a complete health assessment for 1 out of 4 sampled residents (Resident #1). The facility failed to have an updated health assessment showing a significant change for 1 of 4 sampled residents (Resident #2). the facility also failed to provide documentation of a valid Power of Attorney for 2 out of 4 sampled residents (Residents #1 and #2).

Findings:

1) Resident #1's record review showed the health assessment dated did not specify the type of assistance the Resident needed with self administration of medications and the nursing treatment the resident needed.

On at 2:00 PM the Administrator stated she would ask Resident #1's primary Physician to complete a new health assessment.

2) Review of Resident #2's record showed Hospice Plan of care notes completed on . . . . . stating: " Patient has a to right hip currently STG II being treated 3 times a week with . currently measuring 2.5 x 2.0 cm. no current S/sx of . . . . noted. All other wounds currently healed however patient at high risk for ." The hospice plan of care also showed that the resident needed a puree diet. Further record review revealed that the health assessment for Resident #2 was not updated and showed resident had an sacrum .

On at 11:00 AM the Administrator stated that Resident #2 had only a tiny and healed on her hip.

3) On . . . . . at 11:50 AM the RN and case manager from Hospice stated Resident #2 had a right hip almost healed. Stated resident received Hospice care 3 times a week and that. She stated resident had no other . . . . .

Residents' record review showed the Contract between the facility and both Resident #1 (dated

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) and Resident #2 (dated) were signed by family members. Further record review showed the facility had no Power of Attorney for Residents #1 or #2.

On at 2:00 PM, the Administrator stated she knew the family of both residents had a Power of Attorney with them.

Class III

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

Based on record review and interview the facility failed to have an approval letter for the Emergency Management Plan.

Findings as follow:

Record review showed the facility's emergency management plan approval letter was dated .

On 05. at 1:00 PM the Administrator stated she did submit the facility's management plan to the local agency but they had not yet received an approval letter.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the, facility failed to have a signed Attestation of Compliance with Background Screening for 4 out of 4 sampled staff (Staff A, B, C and D) .

Findings:

Staff record review showed that there was no Attestation of Compliance form for Staff A, B, C and D.

On at 2:00 PM the Administrator she stated would complete the form immediately and asked where she could find that form.

Class III