STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	**05/22/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. South Florida Home Services Inc. (License # 9352) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to provide evidence of performing elopement drills at least twice a year.

Findings included:

Review of the elopement drill record revealed that the last one was conducted on and the previous one on .

On at 10:30 AM the Administrator stated, "I had seen the 2017, I know we did it."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative statement on an annual basis for 2 out of 6 sampled employees (Staff B and the registered nurse).

Findings included:

Review of employees personnel records revealed that Staff B had the last statement was dated . The Registered Nurse contracted for Limited Nursing Services' last statement was dated .

On at 1:25 PM the Administrator stated that she will let both staff know that they need a new test.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to file a surety bond with the Agency in an amount equal to twice the average monthly aggregate income for 5 out 11 sampled residents (Residents #1, #9, #10, #11 and #7).

Findings included:

On at 10:30 AM the Administrator stated the facility was the payee for Residents #1, #9, #10, #11, and #7. At 10:45 AM the Administrator stated the facility did not have a surety bond.

Record review revealed the facility failed to have a surety bond in the amount of at least $8962.00 based on the residents' monthly payments.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure that all doors were maintained in good working order.

Findings included:

During tour of the facility on at 9:05 AM observed in # the door of the closet belonging to Resident # 9 was broken.

On at 9:05 AM Staff C stated, "Resident # 9 broke it like 3 days ago."

Class III

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

Based on record review and interview the facility failed to have an annually approved emergency management plan.

Findings included:

Record review revealed the emergency management plan was paid on and again on and the receipts were provided.

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 9:30 AM Staff B stated, "They have been to the person's office and they have to wait."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to update annually the Community Living Support Plan for one out of 11 limited mental health residents (Resident #1).

Findings included

Record review of admission and discharge log revealed Resident #1 was identified as a limited mental health resident.

On [redacted] at 11:30 am the Administrator identified Resident #1 as limited mental health and revealed the resident was receiving [redacted].

Record review of Resident #1's Community Living Support Plan revealed it was completed on [redacted].

On [redacted] at 11:42 AM the Administrator stated, "the owner will be going this week too have it done."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the status of all employees within the background screening's clearinghouse database.

Findings included:

Review of the employee roster revealed Staff E was listed as an active employee since .
Review of the staffing schedule revealed Staff E was not listed.

On . . . . . at 12:00 PM the Administrator stated, Staff E has not worked here for 5 months.

Unclassified