STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967641	**05/18/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDA HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2931 NW 106 STREET** **MIAMI, FL 33147**	

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 an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database on revealed that Staff D (hired on), Staff E (hired on), and Staff F (hire date unknown) were not listed on the facility's roster.

On at 11:29 AM Staff A acknowledged that the facility's roster was not updated and stated "Staff F is not a staff of us."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to provide documentation of an eligible Level 2 background screening for two out of six sampled staff (Staff B and Staff F).

Findings included:

On at 7:05 AM, Staff F was observed in the facility with six Residents. There was a hospice nurse in the facility, but there was no other facility's staff available.

Staff B was observed walked in the facility at 7:30 AM. A review of the background screening database showed that Staff B's last background screening was conducted on , more than five years earlier.

During an interview on at 7:05 AM, Staff F stated "I do not work here and I do not understand English; I am waiting for Staff A who left 5 minutes ago to go around the corner."

During an interview on at 11:29 AM Staff A stated "Staff F is not a staff of us; Staff F was here because Resident #6's family pays Staff F to take care of her." Staff A added "I was here, I work overnight; I left a moment to help Staff E with around the corner. Staff E's car was broken."

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0000 - Initial Comments

A Standard Biennial Survey was conducted on from /8 to . Florida Home Care ALF Inc. (License #11682) with Limited Nursing Services and Limited Mental Health components had deficiencies at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of an annual fire safety inspection.

Findings included:

A review of the facility records on revealed no approval letter for the annual fire inspection.

On at 9:16 AM Staff A stated "I don't have the fire approval. I submitted everything to the fire department, and they did not send any mail to me."

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview, the facility failed to have a staff member on site at all times to care and provide supervision appropriate to the needs of residents at all times. The facility had six sampled residents, four of whom were under hospice care and required assistance or total care with activities of daily living (ADLs), were left under the supervision of an unidentified, unqualified staff person for at least twenty minutes (Residents #1-6).

Findings included:

On at 7:05 AM, Staff F opened the facility's front door. Staff F refused to assist with the facility's tour, stating that she was not a staff member at the facility. Staff F stated "I do not work here and I do not understand English. I am waiting for Staff A who left 5 minutes ago to go around the corner."

On at 7:06 AM, observed two residents in the living/dining : Resident #5, who was finishing eating breakfast and Resident #6, who was sitting on the couch.

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On at 7:20 AM, Staff F stated again "I do not work in the facility; I am a family member of one residents and I'm helping out." When asked, Staff F was unable to provide information regarding the resident she claimed as a family member. Staff F stated "At this moment, I'm here alone in the house because Staff A went out; I don't know where Staff A went. I don't have a background screening. I called the Administrator. She is going to be here in 5 minutes." When Staff F was asked for the Administrator's phone number, Staff F stated "I don't have the phone number," then she asked Resident #6 the Administrator's phone number.

A review of the Background Screening Clearinghouse Database revealed that Staff F was not listed on the facility's roster and Staff F did not have a background screening on the database. There was no documentation of training such as First Aid/ ( ), /Neglect or other required training for Staff F.

On at 7:27 AM, Resident #6 stated "I have been living here for seven years and Staff F comes here very often."

On at 7:30 AM, the Owner (Staff B) arrived at the facility. On at 7:35 AM the Administrator (Staff A) arrived in the facility.

On at 11:29 AM Staff A stated "Staff F is not a staff of us; Staff F was here because Resident #6's family pays Staff F to take care of her." Staff A added "I was here, I work overnight; I left a moment to help Staff E with around the corner. Staff E's car was broken."

On at 2:10 PM during an interview over the phone, Resident #6's family member stated "no we did not hire a private nurse to care for our aunt."

A review of the Admission and Discharge Log revealed that there were six residents in the facility. A review of the Residents' files revealed that there were four Residents under hospice care of which one was bed bound (Resident #1) with in place.

A review of the Health Assessment dated showed Resident #1 was diagnosed with , , , Degenerative , , S/P , and . Resident #1 needed total care with ambulation, bathing, , eating, transferring, toileting, and dressing.

A review of the Health Assessment dated showed that Resident #2 was diagnosed with Parkinson , , , and , . Resident #2 needed

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SUMMARY STATEMENT OF DEFICIENCIES
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assistance with ambulation, dressing, toileting, and transferring; and needed supervision with bathing and . The resident was alert, awake, , and disoriented. Resident #2 was on precautions. Resident #2 was receiving hospice services.

A review of the resident record showed Resident #3 was receiving hospice care. The Health Assessment dated showed that Resident #3 was diagnosed with II, Parkinson DS, and Suprarenal . The resident was alert and . Resident #3 needed assistance with bathing, dressing, eating, toileting, and transferring; needed supervision with ambulation; and needed total care with . The resident also needed precautions.

A review of the resident record showed Resident #4 was receiving hospice services. The Health Assessment dated showed Resident #4 was diagnosed with ( ), , , , . The Resident was using a walker and was on precautions. Resident #4 had memory loss, needed supervision with toileting and needed assistance with bathing, dressing, and .

A review of Resident #5's Health Assessment dated showed the Resident was diagnosed with , , , and , , had memory loss, and was on precautions. Resident #5 needed supervision with bathing, , and toileting.

A review of Resident #6's Health Assessment dated showed the Resident was diagnosed with uncontrolled , , , , Valvular , , (accident) with left residual , , , , , with , of chronic , , , , , on multiple joints, , with D deficiency and had high risk of . Resident #6 needed supervision with ambulation, bathing, and dressing.

Class II

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the facility failed to provide documentation of a resident's consent for the use of full bed rails for one out of six sampled residents (Resident #1). The facility also failed to provide documentation of a properly executed Power of Attorney (POA) for one out of six sampled residents (Resident #1).

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Findings included:

On at 07:05 AM Resident #1 was observed in a hospital bed with full side rails.

A review of Resident #1's file on revealed a physician's order for full rails dated in file and a consent to the use of half bed rails signed on . There was no documentation of a POA. There was a notarized letter signed by a family member stated that the family member was the one responsible for making decision regarding the Resident's care and finances.

During an interview on at 10:19 AM Staff A stated "the family member who signed the original POA, . Now it is this family member who is responsible for Resident #1."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure that a third party (Hospice Agency) left documentation in the facility of the services provided to two out of six sampled residents (Residents #3 and #4).

Findings included:

A review of the Residents' files revealed that Resident #3 and #4 were receiving hospice services. There was no updated plan of care for Resident #3; the last plan of care was dated . Resident #3's recertification was dated . The last plan of care for Resident #4 was dated .

On AM at 11:10 AM, Staff A stated "I don't know why these documents are missing."

Class III

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

Based on record review and interview, the facility failed to appoint in writing a separate manager for two facilities.

Findings included:

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A review of the facility's roster on the background screening database on revealed that Staff A, hired on , was supervising two facilities. There was no documentation that a manager had been appointed.

During an interview on at 2:30 PM, Staff A stated "yes, I am the administrator for the other facility."

Class III

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

Based on record review and interview, the facility failed to have a written statement from a health care provider documenting that two out of six sampled staff did not have any signs or symptoms of communicable , or evidence of a negative examination documented on an annual basis in file (Staff C and D).

Findings included:

A review of the facility's personnel files on revealed no documentation of a statement of freedom from communicable or freedom from for Staff C, hired on or Staff D, hired on .

On at 2:30 PM, Staff A stated "I don't know where the physical is at."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure one out of five sampled staff received proper training in the facility's policy and procedures regarding Do No Orders ( ) (Staff E).

Findings included:

A review of the facility's personnel file revealed that Staff E, hired on had a certificate of completion of training dated .

During an interview on at 2:09 PM Staff E stated "I don't know. I don't remember what

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is."

Class III

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

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

Findings included:

Record review on revealed that the facility did not have a current emergency management plan submitted and/or approved annually yet. The last letter of approval was dated and expired on .

During an interview on at 9:16 AM Staff A stated "I don't have the Emergency Plan. I did it online and submitted it to the city they never returned it to me."

Class III