STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	**07/09/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . Maggy's Home Care II (License #12279) had the following deficiencies at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a copy of the annual satisfactory sanitation inspection.

Findings included:

Record review revealed the facility's last health inspection on record was on . The facility did not have the annual satisfactory sanitation inspection.

Interview on at 9:58 am Staff A stated, "They had not come yet."

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 updated notes for three of six sampled residents (#1, 2, and 3) who were admitted to hospice and had care.

Findings included:

Record review revealed Residents 1, 2 and 3's were receiving hospice services. Record review revealed Residents 1, 2 and 3's progress notes did not have any documentation regarding . . . care and/or hospice services.

Resident #1 was admitted to hospice services on . Resident #1 had a care order for her right heel dated . . . . . Resident #2 was admitted to hospice services on . . . . . Resident #3 was admitted to hospice services on . The resident had a on outer left thigh.

Exit conference conducted on at 2:30 pm, Staff A acknowledged the findings.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative ( ) examination documented on an annual basis for two of four sampled staff (Staff B and C).

Findings included:

Record review revealed Staff B's last examination was dated . Staff C's last examination was dated . The facility did not have the updated examination available for review for staff.

Interview on at 1:00 pm Staff A acknowledged Staff B and C needed a update examination.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have an employment application for one of five (E) sampled staff.

Findings included:

Observation on at 10:00 am revealed Staff D cooking in the kitchen while Staff E was cleaning the in resident area

Record review revealed the facility did not have an employment application with references for Staff E.

Interview on at 10:30 am Staff B and D confirmed that Staff E started to work in the facility two days ago. Staff B stated, "I hired her to clean the facility only, she does not work with residents."

Class III

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

Based on record review and interview, the facility failed to have an accurate health assessment for two of six sampled residents (#1 and 2).

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NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review revealed that Resident #1's last health assessment was dated . Resident #1 was admitted to hospice services on and received medication administration from hospice. The facility did not have an updated health assessment for Resident #1.

Resident #2's last health assessment was . Resident #2 was admitted to hospice services on and received medication administration from hospice. The facility did not have an updated health assessment for Resident #2.

Interview on at 1:00 pm, Staff A acknowledged Residents #1 and 2's health assessments was not updated. Staff A stated, "Residents #1 and 2 are missing an update health assessment; they are under hospice care now; therefore, they need a new health assessment." In addition, Staff A stated, "Resident #1 is not under administration since her admission to hospice. I need to get a new health assessment for both Residents."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on observation, record review, and interview, the facility failed to have an eligible background-screening level 2 for one of five (D) sampled staff. Facility failed to have a background screening level 2 for one of five staffs (E) with access to the Residents 'private and common areas.

Findings included:

Observation on [redacted] at 10:00 am found Staff B cooking in the kitchen while Staff E was cleaning the facility. There was a census of 6 residents including three bed bound hospice residents.

Record review revealed the facility did not have a level 2 background screening for Staff E. Staff D, hired [redacted], background screening status stated, "Awaiting Privacy Policy."

Interview on [redacted] at 10:30 am Staff B and D confirmed Staff E started to work in the facility two days ago. Staff B stated, "I hired her to clean the facility only, she does not work with residents." In addition, Staff B stated, "I did the same mistake that last time with Staff D, I will fix it."

Unclassified