

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED R 08/14/2018
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey Revisit was conducted on 08/14/2018. Petshirl Group Home Inc. (license #11895) with Limited Mental Health component had deficiencies identified 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 current satisfactory fire inspection. Findings included: On 08/14/2018 at 9:25 AM Administrator stated, "The fire inspector said that he was coming today." Fire inspection posted at the facility was dated 08/14/2018. Fire inspector arrived to facility on 08/14/2018 at 12:30 PM and stated to Administrator, "You need to call us every year. You have not called us since 2016." On 08/14/2018 at 12:44 PM, Fire Inspector stated, "Unfortunately the inspection is unsatisfactory. I have to cite her for not having the emergency power plan on site and because the evacuation capability is not up-to-date." Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview the facility failed to ensure that staff in direct contact with limited mental health residents received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses for three out of four sampled staff (C and D). Findings included: Review of Staff C's record revealed she was hired on 08/14/2018 and Staff D on 08/14/2018. Record review revealed they did not have a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED R 08/14/2018
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at 10:45 AM the Administrator stated , "There were no classes this month. They have to take the training next month." Uncorrected Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED R 08/14/2018
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on record review and interview the facility failed to provide documentation of signed Attestation of Compliance forms with Background Screening for three out of four staff (Staff B). Findings included: Review of the Staff B's personnel revealed that there was no attestation of compliance in file. On . at 10:48 AM the Administrator acknowledged the form was not completed for Staff B. Uncorrected Class III		