STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911410	**08/07/2018**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **435 EAST 31 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2018. Professional Home Care I (License #6507) with Limited Nursing Services component had a deficiency identified at the time of survey.

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

Based on observation, record review and interview facility failed to have an accurate health assessment completed for one out 12 sampled residents (# 10).

Findings included:

Review of Resident # 10's record revealed he had been receiving hospice services since . The last health assessment on file was dated . The facility failed to have an updated health assessment after Resident #10 was admitted to hospice with an updated diet and orders.

On at 10:08 AM the Administrator stated, "Resident # 10 is able to walk with a walker and feeds himself. He is and hospice bathes and dresses him."

Class III