STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966381	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **MD HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4857 NW 168 TERRACE** **OPA LOCKA, FL 33055**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . at MD Home Care Inc. (license #10585) The facility had the following deficiencies identified at the time of the survey:

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to have updated medication training for two of two (Staff A and B) sampled staff.

Findings included:

Record review revealed the facility did not have documentation that Staff A received the updated medication training. Staff A's last training was dated .

Record review revealed the facility did not have documentation that Staff B received the updated medication training. Staff B's last training was dated . . . . .

Interview on . . . . . at 12:00 pm Staff B acknowledged that the medications training were not updated.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment.

Findings included:

Observation on at 9:00 am revealed Resident #1's a dark stain on the air conditioner (AC) vent and the dining . . . . vent had dust.

Interview on . . . . . at 12:10 pm Staff B stated, "The people who rent the house will be cleaning the AC vents."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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)

Based on observation, record review and interview the facility was not in compliance with the emergency environmental control requirements.

Findings included:

Observation on . . . . at 9:00 am revealed that the facility did not have . . . . Monoxide detector installed. In addition, the facility did not have gasoline.

Record review revealed that Resident #1 had no writing information of the emergency plan implementation in his record.

Interview on . . . . at 1:00 pm Staff A stated, "I am going to close this facility, I am not thinking to keep it open, I have to call my Consultant to see what I need to do. There is no reason for me to buy that amount of gasoline or installed the . . . . Monoxide. I am not keeping the facility open; however, I need to speak with my Consultant first."

Class III