STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	10/22/2018
NAME OF PROVIDER OR SUPPLIER **MADELIN HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 SW 103 CT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . . . . . Madelin Home Care Corp. (License #112396) had the following deficiencies identified at the time of the survey:

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 1 out of 4 sampled staff (Staff A, B, and C). The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for 1 out of 4 sampled staff (Staff D) within 30 days of employment.

Findings:

Personnel record review showed Staff A's freedom from statement was dated , Staff B's dated , and Staff C's was dated . The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for Staff D, hired on . . . . . .

On . . . . at 3:15 PM the Administrator stated she believed the statements were up-to-date.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview the facility failed to have 4 out of 4 staff's updated training in assisting residents with self administration of medications (Staff A, B, C and D).

Findings:

Record review showed Staff A, B, C and D failed to received the updated medication training, 2 additional hours required by state regulations after . Staff A and B received 4 hours of medication training on . . . . Staff C received 4 hours of medication training on . . . . Staff D received 4 hours of medication training on .

On at 3:00 PM the Administrator (Staff A) stated she was aware Staff A, B, C and D needed

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2 hours of medication training based on the new state regulations.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on observation, record review, and interview the facility failed to have 1 out of 4 sampled staff (Staff D) trained annually, in a minimum of 2 hours in nutrition and food service.

Findings as:

On at 9:30 PM Staff D was observed preparing food. At 12:10 PM Staff D was observed serving food to the residents.

Record review showed Staff D's nutrition and food service training was dated .

On at 3:20 PM the Administrator stated she would send Staff D to receive the nutrition and food training.

Class III

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

Based on observation, record review, and interview the facility failed to have an accurate health assessment for 1 out of 6 sampled residents (Resident #2).

Findings as follow:

On at 11:00 AM Resident #2 observed transferring in a wheelchair alone.

On at 1:54 PM Resident #2 stated he transferred himself, using a wheelchair. Resident #2 added he bathed and dressed himself.

Resident #2's assessment dated stated the resident needed total assistance with ambulation.

Class III