STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968002	**11/06/2018**
NAME OF PROVIDER OR SUPPLIER **1 KIND HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **911-913 SW 12 AVENUE** **MIAMI, FL 33130**	

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

0000 - Initial Comments

Amended

An Abbreviated Biennial Survey was conducted on 11/06/18. 1 Kind Home Inc. (Lic # 11973) had deficiencies identified at the time of the survey:

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to have a trained staff to provide a preservice orientation of at least 2 hours to one out of three sampled staff (Staff A).

Findings included:

A review of the facility's personnel on showed a 2 hours preservice orientation certificate issued on signed by the administrator. The Administrator signed her own preservice certificate.

In an iterview on at 8:59 AM the Administrator stated "yes, it is my signature."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one out of three sampled direct care staff (Staff C) received at least one hour of adequate training in the facility's policies and procedures regarding ( ).

Findings included:

A review of the facility's personal file on revealed that the facility had 1 hour of training certificate on file issued on for Staff C who was hired on .

During an interview on at 10:06 AM, Staff C stated "I don't know what that means."

Class III

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

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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 failed to provide documentation of hospice status combined with a physician's order for the use of full bed rails for one out of nine sampled residents (Resident #3).

Findings included:

During the facility tour on around observed Resident #3 sleeping in a hospital bed with full side rails.

A review of Resident #3 file on showed a physician order for half rails dated and an a consent to the use of half bed rails in file dated .

During an interview on at 11:07 AM, the Administrator stated "I had not noticed it. I would like to rectify it. The Administrator then walked to Resident #3's room, came , and stated I removed the full and put it together."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to store 48 hours of fuel onsite to ensure that the facility's temperature could be maintained at or below 81 degrees Fahrenheit in the event of a loss of primary electrical power.

Findings included:

On around 7:10 AM during the facility tour, observed 1 (1 x 14) and 2 (1 x 5) empty gallons of fuel and another about half full (1 x 14) gallons of fuel. in a shed at the facility backyard.

During an interview on at 8:39 AM the Administrator stated "when they declare a state of emergency, I will purchase it. I am allowed per the city ordinance to purchase the additional gasoline needed. Right now the city ordinance only allowed 10 gallons of gasoline on the property." The Administrator added "7.5 gallons will last 11 hours so 10 gallons will last about a day." The documentation of the city ordinance was not provided. The Administrator provided an email exchange with the city, where she asked how the fuel should be stored, and the fire inspector responded by saying that no news was available.

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

Class III