STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**11/06/2018**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 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 , . Professional Home Care Co, with limited nursing services component had deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS

Based on observation, record review and interview the facility failed to honor the resident rights regarding the use of side rails for five out of eight sampled residents (#1, #2, #3, #4, and #5).

Findings included:

During tour of the facility on at 8:45 AM observed in # that the beds occupied by Residents # 1, #2 and #3 had full side rails.

On at 8:46 AM the Administrator stated Residents #1, #2 and # 3 were under hospice services.

Review of Resident # 's record revealed she had been receiving hospice services since and she had no order and no consent to use full side rails. Review of Resident #2's record revealed that she has been receiving hospice services since . Revealed had a prescription for full side rail and there was no consent.
Review of Resident # 3's record revealed she had been receiving hospice services since .
Revealed there was no order and no consent to use full side rails.

On at 8:47 AM in # observed that the bed occupied by Resident # 4 had full side rails attached.

On at 8:47 AM the Administrator stated Resident #4 was under hospice services.

Record review of Resident # 4 revealed she had been receiving hospice services since .
Revealed there was no order and no consent to use full side rails.

On at 8:53 AM observed in # that the bed occupied by Resident #5 had full side rails attached to it.

On at 8:53 AM the Administrator stated Resident # 5 was under hospice services.

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Record review of Resident # 5 revealed there was no order and no consent to use full side rail.

On during the exit conference at 1:10 PM the Administrator stated that he would get the prescriptions for full side rails and the consents for the residents.

Class III

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

Based on record review and interview the facility failed to complete an accurate health assessment for six out eight sampled residents (#1, #2, #3, #4, #5 and #6). Facility failed to maintain a copy of physician orders for home health for 1 out of eight sampled residents (#8).

Findings included:

Record review of Resident # 1 revealed that she had been receiving hospice services. Review of hospice's care plan revealed she had two , in the . Revealed the last health assessment completed on and at the time the resident was under hospice and required total assistance with activities of daily living and had no , and did not specify the assistance with medications. She later was dis-enrolled from hospice and admitted again but no new health assessment was completed.

Record review of Resident # 2 revealed she had been receiving hospice services since . Revealed the last health assessment was completed on and at the time the resident was not under hospice and required total assistance with transfer assistance with the rest of activities of daily living and with self-administration of medications.

On at 11:15 AM Administrator stated, "Resident # 2 is total for bathing, , eating and grooming and is able to walk with assistance of one person and requires medication administration.

On at 11:05 AM observed Resident # 2 walking with Staff B.

Record review of Resident # 3 revealed she had been receiving hospice services since . Review of hospice care plan revealed she was total dependent for 6 out of 6 activities of daily living. Revealed last health assessment was completed on and at the time the resident was not under hospice and required assistance with activities of daily living and with self-administration of medications.

On at 10:00 AM Administrator stated, "Resident # 3 is total and requires medication

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PROFESSIONAL HOME CARE CO	**447 EAST 31 STREET HIALEAH, FL 33013**

SUMMARY STATEMENT OF DEFICIENCIES
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administration. I will get the doctor to complete a new health assessment."

Record review of Resident # 4 revealed she had been receiving hospice services since . Revealed the last health assessment was completed on and at the time the resident was not under hospice and required assistance with activities of daily living and with self-administration of medications.

On at 11:35 AM Administrator stated, "Resident # 4 is total with ambulation, bathing, , grooming and toileting and requires medication administration.

On at 11:36 AM Staff B stated that the resident was able to stand up with assistance of 2 caregivers and was able to feed herself.

Record review of Resident # 5 revealed that she had been receiving hospice services since . Revealed the last health assessment was completed on and at the time the resident was not under hospice and required assistance with activities of daily living and with self-administration of medications.

On at 12:07 PM Administrator stated that Resident # 5 was total care and required medication administration.

Record review of Resident # 6 revealed that she had been receiving hospice services since . Revealed the last health assessment was completed on and stated that the resident was under hospice and required total assistance with activities of daily living and medication administration.

On at 8:50 AM observed Resident # 6 sitting at a table having breakfast on her own.

On at 9:05 AM observed Staff C assisting the resident to stand up and observed the resident walking with the walker.

On at 10:15 AM Owner stated that the resident assists with self-administration of medications.

Record review of Resident # 8 revealed that he has been receiving home health services for administration of 50 units daily. Revealed there was no prescription for home health.

On at 12:07 PM, Administrator stated, "I do not have it."

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Class III

Based on record review, observation and interview the facility failed to be in compliance with the emergency power plan.

Findings included:

Review of Versa database revealed that the facility was to have the emergency power plan implemented on .

On at 12:45 PM observed 4 generators (2 for each facility that are located one next to other) in a shed in the backyard. Observed only 3 containers of 5 gallons each full of gasoline in the same shed and each generator ran for 8 hours with 5 gallons.

Record review revealed the facility had instructions on how to operate the generators but there were no policies and procedures developed. Revealed there was no written notification to the residents or their representatives about the implementation of the emergency power plan. Revealed the facility had not copy of the letter of approval of the emergency power plan available for review.

On at 12:35 PM Administrator stated that they had notified the other facility patients and relatives and had developed the policies and procedures for that facility too but failed to do it for the facility being surveyed . Stated he had not received a copy of the letter of approval of the emergency power plan and that they had already called the inspector but had no answer. Stated he had removed some gallons of gasoline from the shed because he was afraid of storing too much gasoline but that he would buy more.

Class III