STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966382	R 12/05/2018
NAME OF PROVIDER OR SUPPLIER **IBIS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15088 SW 71 LANE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial 4th revisit Survey was conducted on . . . . . Ibis Home Care had the following deficiencies at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review, and interview, the facility failed to provide documentation of an annual fire inspection.

Findings included:

Review of facility's records showed that there was no current satisfactory fire inspection report.

Interviewed on . . . . . at 10:30 AM, the Administrator acknowledged that there was no documentation of an annual fire inspection.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on observation, record review and interview the facility failed to maintain current liability insurance coverage.

Findings included:

Observation on at 9:10 AM showed that on the bulletin board where the facility's documents were posted, liability insurance posted expired on . . . . . .

Interviewed on . . . . . at 10:35 AM, Administrator acknowledge that he did not have current liability insurance coverage.

Class III