STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968494	R 02/26/2019
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 Second Follow Up Visit to a Standard Biennial Survey was conducted on . Madelin Home Care Corp. had a deficiency identified at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed have evidence of a written statement from a health care provider documenting that one out of six sampled staff (F) did not have any signs or symptoms of communicable .

Findings included:

A review of the facility's personnel file on showed no documentation of a freedom of communicable statement for Staff F who was hired on .

During an interview on at 10:29 AM, the Administrator stated, "Staff F has an on with her doctor to do the physical examination."

Class III