STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	R 03/01/2019
NAME OF PROVIDER OR SUPPLIER **GOOD STAND HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **721 NW 13 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on . . 1, 2019. Good Stand Home Care, Inc. with a Limited Mental Health component license, had the following deficiencies identified at the time of survey:

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

Based on record review and interview, the facility failed to provide documentation of a negative annual ( ) examination.
Findings included:

Review of Staff A, B, C, D, E and F's records showed last negative :
Staff A and B -
Staff C, D and F - . . . . . .
Staff E -

On , at 10:45 AM, when asked for the updated tests for the staff, the Administrator stated, "We all had the test; I just communicated with the doctor's office and they told me that the reason they did not send the results was because we never provided proof of the results when it was due; we have to do it again."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report within 1 business day after the occurrence of the adverse incidents and a full report within 15 days to the agency including the results of the facility's investigations into the adverse incidents for one of seven sampled residents (Resident 1). The resident left the facility in . . . . . , 2018 for the store and did not return to the facility until brought by the police.

Findings included:
Review of the resident's record showed Admission . . . . Last health assessment . . . . No . . Diagnoses Acute , , Prostatic Hyperplasia, , , ... , ... , History of . . . . , , , ... , ... Type II, ... , , ... , Essential tremor, , , . No other special precautions. No elopement risk.

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

Independent in all daily living activities.

Review of Resident 1's record showed the resident went to the corner store and did not come to the facility on . Review of the agency's incident reporting systems showed the facility did not send a report.

Review of the facility's elopement policy and procedures showed the following steps:
Call 911
Inform administrator or person in charge.
Fill out adverse incident report Day 1 and fax to agency within 24 hours.
15 Days after incident, file report Day 15 and fax to agency
An elopement attempt will also be documented and copies of reports Day 1 and Day 15 incident reports will be kept on file.

On , at 10:30 AM, the Administrator stated he had made several calls to the agency and had completed and sent forms they requested and still had no access to the system.

Uncorrected
Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to implement the emergency environmental control plan by .
Findings included:

Review of the facility's consumer friendly summary on the facility provider locaor database showed a fix generator with an extension for implementation until , and no additional extension was noted.

On , at 7:30 AM observed a portable generator to be used in case of emergency during the process of installation of the fix generator and the monoxide detector. The administrator stated that they were waiting for the delivery of the generator that day and that he did not request an additional extension. At 12:00 PM, observed a truck delivering the unit.

Class III