STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	R 03/25/2019
NAME OF PROVIDER OR SUPPLIER **TLC HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15101 SW 87 AVENUE** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . . . . . TLC Home, Inc. with a Standard License had the following deficiency found at the time of the survey:

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

Based on record review and interview the facility failed to have a completed and accurate health assessment for two out of three sampled residents (Resident #1 and #3).

Findings Included:

A review of Resident #1's health assessment (date: . . . . .) revealed it did not document the nursing treatment. The activities of daily living (ADLs) section showed the resident needed total assistance with ambulation, toileting, and transferring.

A review of Resident #3's health assessment (date: . . . . .) revealed it did not document nursing treatment/ . . services requirements. The special precautions and elopement risk portions were left blank. ADLs section showed the resident needed total assistance with bathing and . . . . . .

On . . . . . at 10:50 AM the Assistant Administrator stated the health assessments of Residents #1 and #3 were not accurate because Resident #1 can transfer and ambulate with assistance. She also stated Resident #3 needed assistance when bathing and . . . . . adding "she is very mobile."

Uncorrected Class III