STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	**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 Complaint Survey (CCR #2019002030) was conducted on . . . . . TLC home Inc. with standard license had the following deficiency identified at the time of the survey:

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

Based on record review and interview the facility failed to have evidence of a negative ( ) examination documented on an annual basis for three out of eleven sampled staff (Staff D, H, and K). The facility also failed to have one out of eleven statements signed by a health care provider (Staff C).

Findings as follow:

Staff record reviewed showed the statements of Staff D, H and K were expired. Staff D statement was dated . . . . . , Staff H's was dated . . . . . , and Staff K's was dated . . . .

Further review showed Staff C statement was signed on . . . . but the credentials of the health care provider was not documented.

On at 1:00 PM the Assistant Administrator tried to find the current statements for mentioned staff without success.

Class III

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

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