

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966382	(X3) DATE SURVEY COMPLETED 04/16/2019
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 re-licensure survey was conducted at Ibis Home Care Inc. on . Deficient practice was identified at the time of the visit. 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview, the facility failed to provide documentation of current liability insurance. Finding included: Review of the liability insurance policy revealed it was dated . The facility did not have documentation of current liability insurance available for review. On at 10:00 AM the Administrator stated that he could not get the liability insurance until the facility's license was renewed . Class III 0052 - Medication - Assistance with Self-Admin - 429.256(); 58A-5.0185 (3) Based on observation and interview, the facility failed to follow the correct procedure as outlined by the state, when assisting two out of five sampled residents with self-administration of medications (Resident #2 and 5). Findings included: On at 7:15, observed the medication kept in a locked closet located in the living room area. The medication observation book was checked and all the medication for the day had been marked already but no medication had been given. On at 7:15 AM Staff C stated; "I had marked all the medication as given because I had pre-prepared the medication in all the containers labeled for each resident. I do this because when I get up early in the morning it is easier when the resident gets up and after I give the breakfast, I just give the medication in their container."		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966382	(X3) DATE SURVEY COMPLETED 04/16/2019
---------------------------	---	---

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)

On at 8:15 AM Medication unlocked and taken out of closet by Staff C. The medication is taken out of the pre-fill containers that she had done already. A glass of water was given to the resident and was told that there were the morning medication. The resident put all the medication together on the and drank the water. The medication observation record, MOR was not mark because had been marked already.
Class III

0080 - Training - Core & Competency Test - 429.52() FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure that the administrator and assistant administrator to obtained 12 hours of continuing education training. The facility also failed to provide documentation that the administrator and/or assistant administrator had retaken the core training and examination for administrators as required by Section 429.52 of the Florida Statutes.

Findings included:

During record review showed that the administrator and assistant administrator both had had the 26/hours core training dated but the 12/hours of continuing education were expired on

On at 11:00 AM the Administrator stated that he had already taken the 12/hours Core training but he did not have documentation of it in this facility but in the other facility and he did not expected the Agency for Health Care Administration to come.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to notify its residents and their families or representatives (in writing) of its emergency power plan.

Findings include:

A facility record review revealed no written policy or procedure to educate and direct staff on how to operate and maintain the facility's alternate power source (generator). Additionally, the facility did not have a process to maintain or test the generator. Further review of the record revealed no documentation that the facility notified its residents and their families or representatives (in writing) of its emergency power plan.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/08/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966382	(X3) DATE SURVEY COMPLETED 04/16/2019
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)		
On at 11:45 AM the Administrator stated that he did not think that he had to inform the residents in writing. He said he just informed them verbally. Class III		