STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A biennial survey and a limited nursing services monitoring survey were conducted at Professional Home Care on . . . . . Deficiencies were identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview the administrator supervised two facilities failed to appoint in writing a manager for each facility.

Findings included:

Review of health finder revealed that the Administrator supervised two facilities.

On . . . . . at 11:01 AM the Administrator stated that his assistant passed the CORE examination and that he will appoint her as the administrator for one of the two facilities.

Class III

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

Based on record review and interview the facility failed to provide evidence of a negative . . . . . examination on an annual basis for six out of six sampled staff (A through F).

Findings included:

Review of the employee records revealed that the Administrator had the last negative examination on . . . . . , Staff B on . . . . . , Staff C on . . . . . , Staff D on . . . . . , Staff E on and Staff F on .

On at 12:58 PM the Administrator (Staff A) stated, "I cannot believe that I do not have it. I just went to the doctor."

On . . . . . at 1:23 PM the Administrator stated, "I will send everyone to have the . . . . . test done."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET HIALEAH, FL 33013**	

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

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on observation and record review the facility failed to ensure that a Staff (E) who prepare or serve food, received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

Findings included:

Review of the employee record of Staff E revealed that she had been hired on ; there was no safe food handling training documentation.

On at 2:24 PM the Administrator stated, "She assist to serve food and helps the residents eating."

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure that at least one staff member completed First Aid and was in the facility at all times for five out of six sampled staff (A, B, C, D and F).

Findings included:

Review of the employee records revealed that Staff A, B, C and F had the /first aid training expired on ; Staff D did not have a /First Aid card.

On at 1:01 PM the administrator stated, "I will call the guy to do the training."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview the facility failed to ensure that trained unlicensed staff who assisted with the self-administration of medication and have successfully completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for one out of six staff (A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET HIALEAH, FL 33013**	

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

Findings included:

Review of the employee records revealed the Administrator (Staff A) had a 4 hours training of assistance with self administration of medications on and the last 2 hours of continuing education on .

On at 1:01 PM the Administrator stated, "I will call the guy to do the training."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have its emergency management plan reviewed on an annual basis.

Findings included:

Review of the comprehensive emergency management plan (CEMP) approval letter revealed that it was dated .

On at 10:09 AM the Administrator stated, "We already submitted it, but we have not received it yet."

Review of the payment receipt revealed that it was dated .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to maintain sufficient fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees.

Findings included:

On at 3:05 PM observed four generators to be used for both facilities in a shed in the backyard; observed three containers with five gallons each of gasoline for a total of 15 gallons that was not enough

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET** **HIALEAH, FL 33013**	

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

for the four generators.

On at 3:10 PM the Administrator stated, "I will buy more gas. I thinking about installing a fixed one."

Class III