STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968611	07/21/2015
NAME OF PROVIDER OR SUPPLIER REINA'S HOME CARE, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8 MIAMI GARDENS ROAD WEST PARK, FL 33023	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015004542 was conducted on 07/21/2015 at Reina's Home Care,Corp. The facility had deficiencies identified at the time of the visit.

0008 Admissions - Health Assessment

Based on record review, interview and observation, the facility failed to ensure that the Facility Health Assessment Form (AHCA 1823) was completely filled in and accurate within 60 days prior to admission or 30 days after admission, for 2 of 2 resident records reviewed (Resident #1 and #2).

The Findings Include:

a) Resident Record Review conducted on / at approximately 11:45 AM for Resident #1 who was admitted on / revealed a Facility Health Assessment Form (AHCA 1823 Form) dated . The 1823 Form had a diagnosis listed as history of and . The physician further noted that the resident did not require assistance with self- administration of medications.

Observation of medication pass conducted on / at approximately 12:00 PM, Staff B went to the medication closet reviewed the MOR, unlocked the medication closet and took the medication for resident #1 out of the closet, went to the resident read him the label and put the medication in a cup, handed it to the resident watched him take it and returned to the medication closet where she signed the MOR and locked the medication back in the closet. Staff B assisted the Resident with self-administration of medication.

During an interview conducted on / at approximately 4:00 PM with Staff B/Owner who stated that Resident #1 has always required assistance with self-administration of medication since his admission on / .

b) Resident Record Review conducted on / at approximately 11:30 PM for Resident #2 who was admitted on revealed a Facility Health Assessment Form (AHCA 1823 Form) dated / 8 months after admission.. The physician omitted the diagnosis. Further review of the record revealed a Summary of Today's Visit from his/her physician dated / for Resident #1: The Summary indicated :Medical Conditions: Hypertensive Kidney , Chronic Kidney Stage Three, Hypertensive , type 2 with manifestations , not stated as uncontrolled, , , , , , Former Smoker. This information was not indicated on the AHCA 1823 Form.

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

During an interview conducted on 07/21/2015 at approximately 4:00 PM with Staff B/Owner, who stated that the resident did have a Facility Health Assessment Form (AHCA 1823 Form) at admission. She does not know where it is now. She stated she did not realize that the physician omitted the diagnosis on the AHCA 1823 Form provided on .

Class III

0077 Staffing Standards - Administrators

Based on interview, record review and observation, the facility failed to appoint a manager with CORE training after they hired an administrator who is already administrator at another facility.

The Findings Include:

During an interview conducted on / at approximately 11:00 with Administrator who stated she is also the Administrator of her own ALF five miles away. She stated that she does not have a Manager with CORE assigned to either this facility Reina ' s Home Care, Corp or her own facility She stated she was not aware she had to have a Manager with CORE at each facility she is Administrator at of more than one facility. Administrator stated she has a staff who is CORE trained who could be the Manager at her ALF Manager.

During an interview conducted on / at approximately 11:15 AM with Owner who stated she was not aware she had to have a manager with CORE if she had an administrator who is the administrator of more than one facility. She stated she does not have a manager with CORE training and that had taken and passed the competency exam.

During further interview with the Owner , it was revealed Employee A, B, C and D are all employees of the facility. Employee Record Review conducted on / at approximately 2:00 PM for Staff A who's date of hire is / , position is Administrator record reflected she has CORE traning dated . Employee Record Review for Staff B who's date of hire is / revealed she does not have CORE training, Record Review for staff C who's date of hire is / 7 AM- 7:00 PM staff , record review revealed that she does not have CORE training. Employee record review for staff D who's date of hire is / , 7:00-7:00 PM staff record revealed that she does not have CORE Training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Reina's Home Care, Corp
8 Miami Gardens Road
West Park, FL 33023

RE: CCR #2015004542

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at 561381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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