STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	12/29/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE MIAMI, FL 33128**	

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

0000 - Initial Comments

A Complaint (CCR#2016014078) survey was conducted on 12-08-2016 and concluded on 12-29-2016 at South Florida Home Services Inc. There were deficiencies identified at the time of the survey. (Lic#9352)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have written documentation for 1 of 14 (#2) sampled residents that had a change in behavior which caused the resident damage facility furniture.

Findings included:

Observations during the tour on at 9:04 AM found Resident #2's clothes were in large black bags.

Interview with Staff A on at 9:04 AM during the tour revealed Resident #2 broke the closet, so they placed his clothes in the bags. Staff A stated the owner was going to get another (portable) closet today.

Record review found Resident #2's last note was dated - . Record review found the facility did not document the change in Resident #2's behavior which led to the damage of the closet.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interviews the facility failed to provide or offer activities to the residents.

Findings included:

Observations on - from 09:30 AM to 11:30 AM found the residents were not offered activities. The residents were observed either in their in bed or sitting outside on the side patio smoking cigarettes or drinking coffee. Further observations found the two staff members did not ask or encourage the residents to participate in activities.

Interviewed Residents (#8/9) on - at 11:30 AM. Both stated "we don't do anything here for activities unless we want to and these are (referring to the activity games) for little kids and we don't like that stuff because were are grown men not little kids playing little kids games in here."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on record review and interview the facility failed to functional appliances and window screens in the windows.

Findings included:

Observations during the tour on 12-29-2016 at 8:55 AM found one of the refrigerator's in the dining room/kitchen area did not have a handle. Further observations found the the second floor did not have a window screen to prevent insects from entering.

Interview and tour with the owner on at 10:15 AM acknowledged the findings.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
South Florida Home Services In
140 Nw 9 Avenue
Miami, FL 33128
RE: CCR #2016014078

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on , 2016 by representative(s) 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** 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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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