STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	**01/19/2017**
NAME OF PROVIDER OR SUPPLIER **MILLIE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17810 SW 137 CT** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 19, 2017. Millie Home Care Corp License #11545 with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a completed health assessment for one out of five (#4) sampled residents.

Findings included:

Record review on / found that Resident #4's (admitted on / /) health assessment dated / did not identify if they need help with taking their medications, and the type of medication assistance these residents need for medication.

Interview on / at 3:30 PM with the Administrator confirmed the assessment was incomplete after review.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure the staff who are in direct contact with mental health residents receive the 3 hours of continuing education for three out of four (A, B, and C) sampled staff.

Finding included:

Record review conducted on / / showed Staff A did not have the updated 3 hours training completed. The last updated was done on / and expired on / / .

Record review on / / show Staff B did not have the updated training for 3 hours limited mental health minimum training. The last training on file was dated / / and expired on / / .

Record review for Staff C did not have the updated training for 3 hours limited mental health minimum training. The last training on file was dated / and expired on / .

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Interview on 1/19/17 at 2:00 PM the Administrator acknowledged the training were expired after review and would schedule all of the staff for the updates.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Millie Home Care
17810 Sw 137 Ct
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2017 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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