

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968485	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER ISA HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13316 SW 112TH CT MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint 2018000356 2nd Revisit Survey was conducted on 01/24/2019. Isa Home Corp. with a Limited Mental Health component had the following deficiency found at the time of the survey: 0080 - Training - Core & Competency Test - 429.52() FS; 58A-5.0191(1) FAC Based on record review and interview the facility failed to have documentation of 12 hours of continuing education training in topics related to care and treatment of residents or management/administration required every two years for the Administrator (CORE update training). Findings as follow: + A review of the Administrator's employee file showed, the Administrator was hired on _____ and the last updated 12 hour CORE Training expired on _____. Further review showed four hours of training regarding medication on _____ and four hours of training on _____'s _____ on _____, for a total of eight hours. On _____ at 10:00 AM the Administrator's consultant stated by phone, the Administrator received the 12 hours continuing education training but she did not leave the certificates in the facility, by mistake. Class III		