STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	R 02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLIE HOME CARE	**17810 SW 137 CT** **MIAMI, FL 33177**

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

0000 - Initial Comments

A Change of Ownership Survey was conducted on . . . . . Millie Home Care Corp. with Limited Mental Health component had the following deficiencies identified at time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview the facility failed to that resident rights were honored for 1 out of 5 (Resident #1) sampled residents. The facility failed to ensure that residents were not required to share a room with staff.

Findings as follow:

On at 9:20 AM Staff B stated she slept in # with Resident #1. Staff stated. " this is my bed."

On at 1:10 PM the Administrator and Staff B stated they did not know that staff could not share bedrooms with residents.

Class III

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

The facility failed to provide a safe living environment free of hazards and failed to maintain appurtenances in good repair.

Findings as follow:

On at 9:20 AM observed:
In the living room, next to the entrance door, a wall had a white spot. # had stains on the wall. The door frame was broken and missing parts. The entrance door had a hole.
. . # the wall had black stains and the floor boards were broken. The wall besides the toilet, at the bottom part, had peeling paint. # Room walls had peeling paint. Window blinds were missing parts. The bath in the hall, door had peeling paint. The hall leading to rooms had peeling paint.

On . . . . . at 1:00 PM the Administrator stated they fixed the wall holes but still had to paint the house and make the needed repairs.

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Uncorrected Class III