



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hilda Bengochea Corp
335 Sw 22 Road
Miami, FL 33129

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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.

Staff from this office will conduct a review after 8/23/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967542	(X3) DATE SURVEY COMPLETED 06/04/2013
NAME OF PROVIDER OR SUPPLIER Hilda Bengochea Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 335 Sw 22 Road Miami, FL 33129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An abbreviated Biennial survey was conducted on . Hilda Bengochea Corp, Assisted Living Facility had deficiencies found at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review the facility failed to appoint in writing a manager for the facility.

The findings include:

Facility records review revealed the administrator supervised two assisted living facility.

Facility record review revealed the facility did not have a manager appointed.

Interview conducted with the facility administrator on at 2:00 p.m. revealed she did not appoint a manager for the facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for 1 out of 2 staff records reviewed (Staff #2).

The findings included:

Personnel record review was conducted on at about 10:00 a.m. Staff #2 did not have annually documented proof of freedom from . The last statement on file was dated .

On at about 2:00 p.m. the facility administrator stated Staff #2 did not have the updated documentation of freedom from in her file.

Class III