STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967573	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L & B Solution Care Ii, Inc	567 Ne 137 Street Miami, FL 33161	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure Survey was completed at L & B Solution Care II, Inc. on .The following deficiencies were found at the time of survey:

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

Based on observation and interview 6 out of 6 sampled residents did not participate in any activities during the entire survey.

Findings includes:

Observation of residents #1, 2, 3, 4, 5 and 6 were observed through the entire survey sitting around in the community area of the facility and no staff at anytime organized any activity for that day. The staff walked around the facility doing their cleaning, preparing the lunch, feed the residents, and passing some medications to the residents who took them at lunch time. But the facility staff did not have any activities for any of the residents. After residents ate lunch, they either asleep on the couch or watched TV.

There is an activity calendar posted on the bulletin board , but is out dated for the month and year ( ) for weeks 1 thru 4 (photos taken). The facility staff did not know where to look for the current activity sheet for this month .

Interview with staff #5 (caretaker/alternate worker) on @ 1:00 PM she could not give an answer to the question in regards to why the activity calendar is out dated and why were the residents not participating in any daily activities during the survey. Attempt to interview a few of the residents 1, 2 and 3 but they did not want to say anything about the situation regarding the activities.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to have 1 out 5 sampled employees to have training in the areas for ADL's, Elopement, Major and Adverse Incident Reporting and Emergency preparedness and Evacuation.

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Findings includes:

Record review revealed that employee # 5 (caretaker hired on) is not trained in ADL's, Elopement, Major and Adverse Incident Reporting and Emergency preparedness and Evacuation.

Interview with employee #2 confirmed employee #5 did not have training in the areas specified above.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview facility failed to have 1 out 5 sampled employees to have training in the areas for ( ).

Findings includes:

Record review revealed that employee #5 (caretaker hired on) did not have any training in .

Interview with employee #2 caretaker on at 2:00 PM confirmed employee #5 did not have training in .

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview 1 out 6 sampled residents did not have bi-annual weights taken since the last year .

Findings includes:

Record review revealed that resident #3 (admitted on) was weighed on . Review of the health assesment revealed the resident needed assistance in bathing, dressing, eating, , and toileting. The facility has not weighed this resident since that time (19 months).

Interviewed staff member #2, she confirmed the findings in regards to resident #3 has not had her weights done since last year.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview facility failed to have 1 out 6 sampled residents to have a signed contract and the amount he will be charged for each month.

Findings includes:

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Record review revealed that resident #6's contract did not have a monthly rate for the month he was admitted to the facility. The monthly rate area on the contract was blank, he was admitted on .

Interviewed staff member #2 caretaker on at 2:00pm, she confirmed the findings in regards to the contract for resident #6 monthly rate section was blank.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2013

Administrator
L & B Solution Care II, Inc
567 Ne 137 Street
Miami, FL 33161

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 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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