STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965654	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Better Care Home	7599 West 4th Court Hialeah, FL 33014	

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

List of Tags Cited:
St - A - 0076 - 58a-5.0186 Fac - ( ) S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was completed on at Better Care Home. There were deficiencies identified at the time of the visit.

0076- ( ) 58A-5.0186 FAC

Based on record review and interview the facility failed to ensure 1 out of 6 sampled staff are trained in ( ).

Findings includes:

1. Record review revealed that employee #3 (caretaker/cook hired on -) did not training in

2. Interview with administrator on at 2:00 PM, she confirmed the findings in regards to employee #3 for not having training in .

Class III

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

Based on record review and interview facility failed to ensure 1 out of 6 sampled staff are trained in Activities of Daily Living, Reporting Adverse and Major Incidence, Reporting , Neglect and , and Emergency Procedures.

Findings includes:

1. Record review revealed that employee #3 (caretaker/cook hired on -) did not training's in Activities of Daily Living, Reporting Adverse and Major Incidence, Reporting , Neglect and , and Emergency Procedures.

2. Interview with administrator on at 2:00 PM confirmed the findings in regards to employee #3 for not having the proper training in these areas above.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965654	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Better Care Home	7599 West 4th Court Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview facility failed to have 1 out of 6 sampled staff to have training in Nutrition and Food Service/ Safe Food Handling.

Findings includes:
1. Record review revealed that employee #3 (caretaker/cook hired on -) did not training in Nutrition and Safe Food Handling.

2. Interview with administrator on at 2:00 PM, confirmed the findings in regards to employee #3 for not having being trained in Nutrition and Safe Food Handling.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview facility failed to have documentation of compliance with Level II background screening for 1 out of 6 sampled staff.

Findings includes:

1. Record review revealed that employee #3 (caretaker/cook hired on -) did not have documentation of compliance with background screening.

2. Interview with administrator on at 2:00 PM, she confirmed the background screening results were not the employee's file.

Class III

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

Based on record review and interview facility failed to have 2 out 6 sampled residents to have a Power of Attorney (POA) in their files.

Findings includes:
1. Record review revealed that resident #3 (admitted on) and #5 (admitted on -) did not have a POA in their files and family members were signing residents contract and other documents.

2. Interview with administrator on at 2:00 pm, confirmed the findings in regards to residents #3 and #5 not having a POA in their .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Better Care Home
7599 West 4th Court
Hialeah, FL 33014

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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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