

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967079	(X3) DATE SURVEY COMPLETED 12/09/2013
NAME OF PROVIDER OR SUPPLIER L & B Solution Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 565 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure Survey was completed at L & B Solution Care , 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 facility failed to provide any activities for residents during the entire survey.

Findings includes:

1. Observation during the survey process on from the time of my arrival 9:00 am until departure of the facility 4:00 PM, none of the staff members initiated any type of activities with any of the residents on both sides of the facility at anytime. All of the residents except one who went out to his daily program were either sleeping on the facility couches/chairs.

During the survey at 9:05 am with facility caretaker on the male side of the facility 3 of the male residents were all just sitting around the unit watching TV and 3 others were sleeping . One of the resident's was observed watching dishes and cleaning up the kitchen area. Another male resident took a shower . From the resident interviews they all started that they do not have any activities at the facility at all, the only thing they do most of the day is watching television. This was substantiated by this surveyor during the entire survey on that day . Resident's stated this during their interviews were :resident#2/4/5 all confirmed there are no activities provided to them at all at this facility.

2. Interviewed staff members about this situations during their interviews and the both stated that they do have activities programs for the residents but they can't make them participate. Interviewed staff members #1 caretaker/staff member #2 caretaker. Neither of them could say why there were no activities done on during the entire survey.

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

Based on employee record review and interview facility failed to have 1 out of 6 sampled employees to have her updated physical exam in her file.

Findings includes:

1. Record review revealed that employee letter D (caretaker, employed since _____), her last exam was done on _____.
2. Interviewed caretaker D on _____ at 2:00 pm, in regards to her examination was out of date and she confirmed the findings.

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0091-Training - Documentation & Monitoring 58A-5.019(12) FAC

Based on record review and interview facility failed to ensure 2 out of 6 employees training certificates have the required information.

Findings includes:

Record review revealed Employee E training certificate did not have a specific date:

1. Domestic Violence Education-2.0
2. _____ Control Techniques 2.0
3. Assisting Client with Self-Medication 2.0
4. Domestic Violence Education 2.0
5. _____ / _____ OSHA Course 5.0

Further review revealed Employee E training certificate did not have the number of hours trained:

1. Emergency Preparedness & Evaluation dated _____
2. Elopement Training dated _____
3. Reporting Adverse Incidents dated _____
4. _____ Control dated _____
5. _____, Neglect, & _____ Training dated _____
6. Resident Rights Training dated _____
7. Assistance with Activity of Daily Living's & Resident Behavior & Needs Training dated _____

2. Interviewed caretaker letter B. on _____ at 2:00 pm she confirmed the findings.

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0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on record review and interview facility failed to have 2 out of 6 sampled employees did not have their training in Nutrition & Safe Food Handling.

Findings includes:

1. Record review revealed employee E (caretaker hired on) and employee F (caretaker hired on) did not have training in the area of Nutrition & Safe Food Handling.
2. Interviewed caretaker B on at 3:00 pm, she confirmed the findings.

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation facility failed to have enough food in the facility for the amount of residents in the facility.

Findings includes:

1. Observation of the kitchen area of the facility and pictures were taken of the lack of food in the refrigerator (photos were taken). Observed in the freezer top shelf on the door observed four plastic baggies with waffles, in the freezer shelves another package of waffles with 3 bags of frozen breads. One box of frozen croquets. On the door of the refrigerator lower door shelf observed 1 bottle of mustard and another bag of bread. in the refrigerator main area observed a large bag of white potatoes/ 1 bottle of milk and a plastic medication lock box (locked). There no other foods in the refrigerator at all in this kitchen area of the facility.
2. Interviewed employee C. caretaker she confirmed the findings of the lack of food in the refrigerator for the residents on this side of the facility which are all males (6).

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

Based on observation facility failed to provide a safe environment for the safety of the residents living in the facility.

Findings includes:

1. Observation during tour of the kitchen area on at 9:30 am with caretaker C. , observation over the kitchen cabinet area observed a dirty air vent with a lot of greasy dirt in the filter (photo taken). On the floor near the stored waterbottles/ garbage can was not covered/ next to kitchen cabinets on the floor observed a large rat trap (photo's taken). In # observed the air condition unit did not have a face on it and was busted (photo taken) it was being hidden behind the window curtain. Moved the curtain to take the picture of the unit. In the closet of # observed a portable toilet in the closet, in the closet on the left observed a small amount of clothes on the floor and a spray can for kitchen cleaning (photo) On the wall in # observed a metal rod

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sticking out from the wall with a clamp in it for not purpose in the (photo). In # with two beds for two residents observed a portable toilet without a privacy curtain.

2. Interviewed caretaker C on at 9:50 am , she confirmed the findings from the tour of the

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

Based on record review and interview facility failed to document 1 out of 6 residents needing assistance with Activity's of Daily Living on a semi-annual basis.

Findings includes:

1. Record review revealed that resident 3's (admitted) needed assistance with ambulation, bathing dressing, dressing, , toileting, and transfers. Further review revealed the last documented weights were

2. Interviewed caretaker B on at 3:00 pm, she confirmed the findings in this area for the resident weights had not been taken from that last date of -

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L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview facility the failed to have 2 out 6 sampled employees to have trained in the area for LMH (Limited mental Health).

Findings includes:

1. Record review revealed employee D (caretaker hired on) and employee F (caretaker started on) did not have the required traineind provided by Department of Childrne and Families in Limited Mental Health.

2. Interviewed employee B caretaker on at 3:00 pm, she confirmed the findings in regards to both of these employees did not have training in the area for LMH.

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
L & B Solution Care, Inc
565 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 3/6/2014 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

