STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932642	07/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & B Home Care Ii, Inc	17430 Sw 118 Place Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - 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 - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An standard biennial survey was conducted on . B & B Home Care II Assisted Living Facility had deficiencies found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to complete the initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 3 staff (Staff #C).

The findings include:

Record review for Staff C had documentation that she received 2 hours training on providing assistance with self-administered medications and safe medication practices in an ALF on . There was no documenation verifying the staff member completed the initial 4 hour assistance with self-administration of medication.

Interview on at about 11:35 AM; Staff C stated that she assists the residents with self-administered medications.

Further interview confirmed Staff C did not complete the initial training in assistance in self-administration of medication.

Class III

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

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for 1 out of 3 sampled employees (Employee #B).

The findings include:

A review of the personnel records for employees B was conducted on . During the review, it was revealed that there was no documentation in the record to show that the employee completed at least one hour of training regarding policies and procedures for within 60 days of the effective date of the rule which was , 2010. The date of hire for employee B was .

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On at about 2:00 PM the facility administrator stated that Staff B received the in-service training but she was unable to provide it during the survey.

Class III

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

Based on observation, record review and interview the facility failed to have a safe living environment.

The findings include:

On at about 9:30 AM there were observed 2 dogs (Amercan Bulldogs) running in the facility's back patio.

On at about 9:30 AM there were observed a door with access to the facility back patio.

Record review documented the facility failed to have the required documentation (registration, inmunization, etc) for the dogs.

On at about 11:00 AM the facility administrator stated the dogs documentation (registration, inmunization, etc) where not available for review.

Class III

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

Based on record review and interview the facility failed to have a weight record every six months for 1 out of 2 sampled residents (Resident #1).

The findings include:

Record review of resident #1 (admitted on / :) revealed that she was. Health Assessment done on indicated that the resident needed assistance with . Further review revealed there were no weights recorded on a biannual basis.

Interview on at about 2:15 PM the facility administrator reported the facility did not have a weight record every six months for Resident #1.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and staff interview the facility failed to ensure that a Community Living Support Plan and Agreement was provided for 2 out of 4 sampled residents (Resident #1 and #3) and failed to update the community living support plan for 2 out 4 sampled residents (Resident #2 and #4), limited mental health residents.

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

The findings include:

Resident record review for sampled Resident #1 admitted to the facility on / , document that the Health Assessment dated indicated the resident was diagnosed with by the physician and there was no Community Living Support Plan and Agreement on file for review.

Resident record review for sampled Resident #3 admitted to the facility on , document that the Health Assessment dated indicated the resident was diagnosed with by the physician and there was no Community Living Support Plan and Agreement on file for review.

Resident record review for sampled Resident #2 admitted to the facility on , document that the Health Assessment dated indicated the resident was diagnosed with by the physician. The last Annual Community living support plan done was on .

Resident record review for sampled Resident #4 admitted to the facility on , document that the Health Assessment dated indicated the resident was diagnosed with Type by the physician. The last Annual Community living support plan done was on .

On at about 1:00 PM the facility administrator acknowledge that Resident #1 and #3 did not have Community Living Support Plan and Agreement on file for review and confirmed that the community living support plan for Resident #2 and #4 was not updated.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2014

Administrator
B & B Home Care Ii, Inc
17430 Sw 118 Place
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2014 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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