STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932642	09/24/2014
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)		

Revisit Corrected Tags:
0084-Training - Assis Self-Admin Meds & Med Mgmt-09/24/2014
0090-Training - -09/24/2014
0152-Physical Plant - Safe Living Environ/other-09/24/2014
0162-Records - Resident-09/24/2014
L241-Lmh - Records-

Revisit New Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac**Specific Tag Findings:**

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 09/24/2014. B & B Home Care II, Inc had the following deficiencies at the time of the visit:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 of 3 (#2) facility residents within 30 days of admission.

Findings as followed:

Record review found the facility failed to have a completed health assessment for resident #7 who was admitted to facility on .

On at 10:00 a.m. the facility's administrator stated the facility had no health assessment for resident #2 because resident was recently admitted.

Class III

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

Based on observation, record review, and interview the facility failed to ensure that 1 of 1 staff received safe food handling practices within 30 days of employment.

Findings as followed:

On at 9:40 a.m. observed staff A (hired) preparing and serving breakfast to a facility resident.

Record review found the facility failed to have documentation that staff A received safe food handling practices with 30 days of employment.

On at 10:00 a.m. the facility's administrator stated the nutrition training for staff A was misplaced.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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