STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**10/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L & B Solution Care, Inc	**565 Ne 137 Street Miami, FL 33161**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/20/2014

Revisit New Tags:
0167-Resident Contracts-58a-5.025 Fac

Specific Tag Findings:

0000-Initial Comments

A Complaint (#2014006602) Investigation survey revisit was conducted on 10-20-14. L & B Solution Care, Inc. had a deficiency at the time of the visit.

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have 1 out of 2 (#1) residents' contract signed at the time of admission to the facility.

Findings included:

1. Record review revealed that resident #1 was admitted on . Record review revealed resident #1 did not have a signed contract between himself and the facility.

2. Interviewed the administrator /owner on at 10:30 am, she stated that resident #1 has refused to sign the contract.

Class III

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 Complaint Investigation revisit survey conducted on 20, 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 _____.

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com