STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967979	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brito's Home Corporation	7361 Pine Valley Drive Hialeah, FL 33015	
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 - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial was conducted on , 2014. Brito's Home Corporation had the following deficiencies at the time of the survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations and interview the facility failed to have twelve (12) hours of activities documented weekly on the calendar.

Finding include:

Tour conducted on at 9:00 AM of facility contained the activity calendar posted on bulletin board in dining area. The activity posted for 2014. The activity calendar posted for the month of did not have any hours listed in it.

On at 9:45 a.m. staff #2 observed sitting on the couch watching television.

The administrator confirmed on at 4:00 p.m. that the facility did not have the hours listed on the activity calendar.

Class III

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

Based on observations, record review and interview the facility failed to ensure qualified staff have proof of a negative examination documented on an annual basis for 1 out of 3 (#C) staff members.

Findings include:

Observations made on at 9:00 a.m. found staff C in facility alone with resident. There were no other staff present . Staff C was observed cleaning, cooking and preparing residents meals. The staff A arrived at the facility at 11:30 a.m.

Record review conducted on showed staff C (hired)did not have documentation verifying proof of annual results.

Interview with the administrator on at 4:00 p.m. stated, " she has it but has not brought it in."

Class III

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	AL11967979	**10/20/2014**
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L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an admission and discharge log for mental health residents.

Finding include:

Record review found that the facility's admission and discharge log did not mark and identify resident #5 as a mental health resident.

Interview with the administrator on at 3:45 PM confirmed that resident #5 was not identified on admission and discharge log as limited mental health (LMH).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ _ _ _ _ _ _ _ _ _, 2014

Administrator
Brito's Home Corporation
7361 Pine Valley Drive
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a state licensure 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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