STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966035	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Brisas Home Care	7401 W 34 Lane Hialeah, FL 33016	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted on [illegible]. At Las Brisas Home Care , Inc. had a deficiency found at time of survey.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview facility failed to have one out four sampled employees to have 12 hours of continued education in topics related to assisted living.

Findings included:

1. Record review showed employee C (Administrator, started on [illegible]) passed the CORE examination on [illegible]. Further review showed that she did not have the 12 hours of continuing education in topics related to assisted living.

2. Interview with the administrator on [illegible] at 11:00 am, she confirmed she did not have 12 hours of continuing education in topics related to assisted living at the time of the survey

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Las Brisas Home Care
7401 W 34 Lane
Hialeah, FL 33016

Dear Administrator:

This letter reports the findings of an abbreviated biennial survey that was conducted on 14, 2015 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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