STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967542	03/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hilda Bengochea Corp	335 Sw 22 Road Miami, FL 33129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Hilda Bengochea Corp. had the following deficiencies found at the time of the survey.

0082-Training - / : 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation of providing an education course on and for two out of three sampled employees (Staff A and C).

Findings included:

On / at 11:00 AM during record review revealed that Staff A(hired on), and Staff C (hired on) did not have the 2 hours training within 30 days.

On / at 2:00 PM during the exit interview with the administrator, she stated that, she was going to make sure that herself and Staff C will get the training as soon as possible.

Class III

0083-Training - First Aid and : 58A-5.0191(4) FAC

Based on record review and interview the facility's personnel records did not include properly documented evidence of First Aid and training for two out of three (Staff A and Staff C) sampled staff.

Findings included:

On / at 11:00 AM during record review revealed Staff A(hired on) and Staff C(hired on) did have the First Aid and Training.

On / at 2:00 PM on an interview with administrator, she stated, that the training for the two staff had expired , and that they were going to take the training immediately.

Class III

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

Based on observation, interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for two out of three sampled employees (A and C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967542	03/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hilda Bengochea Corp	335 Sw 22 Road Miami, FL 33129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings included:

On / / at 11:00 AM during record review Staff A (hired on), and Staff C(hired on) revealed that they did not have documentation of at least one hour of training regarding policies and procedures for .

On / / at 2:00 PM during and interview with the administrator agreed that, staff A and C did not have documentation for training at the time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hilda Bengochea Corp
335 Sw 22 Road
Miami, FL 33129

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 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

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