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)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-03/11/2015
0052-Medication - Assistance With Self-Admin-03/11/2015
0055-Medication - Storage And Disposal-03/11/2015
0081-Training - Staff In-Service-03/11/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-
0093-Food Service - Dietary Standards-
0161-Records - Staff-

Revisit Repeat Tags:
0082-Training - / -58a-5.0191(3) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey Revisit was conducted on 03/12/15. Hilda Bengochea Corp. had the following uncorrected deficiency 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 2 out of 3 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(hire 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 herself and Staff C will get the training as soon as possible.

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 revisit survey conducted on , 2015by 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 27, 2015.

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:kb
Enclosure

BBT7

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