STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968084	**03/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
REBULL FAMILY CARE	**19431 FRANJO ROAD MIAMI, FL 33157**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have satisfactory sanitation inspection report issued by the county health department within the last two years. The facility failed to have an up-to-date admission and discharge log.
Findings included:
Record review on showed the health department inspection report was on dated (Unsatisfactory). Further record review showed the facility admission and discharge log did not stated the reason of residents discharge and identified the facility or home address to which the residents was discharged.
During an interview on at 11:30 PM, Staff E (owner) acknowledged the findings that the facility did not have a satisfactory health inspection at the time of the survey.
During an interview on at 2:25 PM, Staff E (owner) stated that she discharge resident #5 on the admission and discharge log because he left and never return to the facility. She stated I made note in the admission and discharge log reason for discharge and place to which discharge or transferred " to hospital because I believe the police take residents there (hospital)."
Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on observation, record review, and interview the facility failed to submit a 1 day and 15 days adverse incident report for a resident elopement within the required timeframe.
Findings included:
Observation on at 10:00 AM, found a Detective from the police department arrived to the facility investigating a case of missing persons reported by the facility, Resident #5.
During an interview on at 10:05 AM, the Detective stated " I'm looking for a missing person " . Furthermore he stated facility reported a missing person incident to law enforcement for Resident #5 on
During an Interview on at 10:18 AM, Staff E (Owner) stated that on the facility made incident reported to the police department for a missing person. She stated Resident # 5 left the facility and never returned. She stated "residents are independent and free to move out if they want." Furthermore she stated I did not file 1 day and 15 days incident report with the Agency for Health Care Administration. She stated I do not have incident report book because I never had any incidents. I made note in the resident's record (file) but in this case I did not have any documentation on record for review.
Class III

0000 - Initial Comments

A Standard Biennial survey was conducted on and concluded on . Rebull Family Care had the following deficiencies found at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

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Based on observation, record review, and interview the facility failed to assess residents at risk for elopement for 3 out of 5 (# 2, #3, and #5) sampled residents. The facility failed to have a photo identification with a signed consent form for at risk residents for 3 out of 5 (# 2, # 3, and #5) sampled residents. The facility failed to follow their elopement policies and procedures for 3 out of 5 (#2, #3, and #5) sampled residents.
Findings included:
Observation on at 10:00 AM, found a Detective from the police department arrived to the facility investigating a case of missing persons reported by the facility, Resident #5.
Record review on of Resident #2 (admitted on / /), Resident #3 (admitted on /) and Resident #5 (admitted)'s records did not have photo identification with a signed consent form available at the facility. The facility did not have assessments for residents at risk for elopement. The facility did not have a separate plan of action that will be individually tailored to the resident's needs to avoid elopement incidents. Further record review of Resident #2 and #3's health assessments showed special precaution "Elopement Risk."
Record review on of the facility's admission and discharge log reported Resident #5 discharged on /14 to the hospital.
During an interview on at 10:05 AM, the Detective stated " I'm looking for a missing person " . Furthermore he stated facility reported a missing person incident to law enforcement for Resident #5 on .
During an Interview on at 10:18 AM, Staff E (Owner) stated that on the facility made incident reported to the police department for a missing person. She stated Resident # 5 left the facility and never returned. She stated "residents are independent and free to move out if they want." Furthermore she stated I did not file 1 day and 15 days incident report with the Agency for Health Care Administration. She stated I do not have incident report book because I never had any incidents. I made note in the resident's record (file) but in this case I did not have any documentation on record for review.
During an interview on at 2:25 PM, Staff E (owner) stated that she discharge Resident #5 on admission and discharge log because he left and never return to the facility. She stated I did make a note in the admission and discharge log "discharge to hospital because I believe that police take residents there (hospital)." She stated " I don't have any documentation or progress note on record."
During a phone interview on at 2:32 PM, Resident #5's mother she stated the facility notified me that my son is missing from the home. She stated I don't know where he is. I called yesterday and the facility still does not know where he is. She stated I hope nothing happened to him.
During a phone interview on at 12:13 PM, Resident #5's mother she stated my son has a history of eloping because when police is looking for him he run to another place.
Class III

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any symptoms of communicable including ( ) for 1 out of 5 (A) sampled staff. The facility failed to have evidence of a negative examination for 1 out of 5 (E) sampled staff annually.
Finding included:

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Record review on showed that Administrator (hired) did not have any evidence of a freedom from communicable including statement. Staff E's last examination was dated / and there was no other documentation on file.
Interview on at 11:00 AM, Staff E acknowledged that she did not have the update communicable and ( ) test in her personnel record and that the Administrator did not have physician statement on record for review.
Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's manager failed to participate in 12 hours of continuing education in the last 2 years.
Findings included:
Record review on showed the facility's Manager did not have documentation of 12 hours of continuing education in the last 2 years.
During an interview on at 11:00 AM, Staff E acknowledged that Manager did not have 12 hours of continuing education in the last 2 years on record.
Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide an initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF for 2 out of 5 (B and C) sampled staff and failed to provide 2 hours of continuing education training on providing assistance with self-administered medications for 2 out of 5 (B).
Findings included:
Record review on showed Staff B (hire /), and C (hire) did no have documentation that they received a minimum of 4 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff B's last medication training was dated for two hours.
During an interview on at 11:00 AM, Staff E acknowledged that 4 hour initial medication training for Staff B and C were not on record for review and the 2 hours continuing education for Staff B expired. Furthermore she stated that Staff B and C assisted residents with self-administration of medication.
Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have 3-day supply of non-perishable food, based on the number of weekly meals the facility serve has contracted with residents to serve, for a census of four residents on

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hand at all times.
Findings included:
Observation during tour on at 9:10 AM showed the emergency food cabinet contained 12 expired cans of milk of non-perishables. The facility's required to have 192 ounce of milk for a census of four residents. Further observation the facility did not have canned fruit for a census of four residents, they are required to have 96 ounces. The facility did not have canned vegetables for census of four residents, they are required to have 144 ounces. During an interview on at 11:00 AM Staff C acknowledged that 3 day emergency food milks cans were expired and facility did not have the canned fruit and canned vegetable for residents in case of emergency.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rebull Family Care
19431 Franjo Road
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennial Licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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