AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967979

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/8/2015

Name of Facility
BRITO'S HOME CORPORATION

Street Address, City, State, Zip Code
7361 PINE VALLEY DRIVE
HIALEAH, FL 33015

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By**	**Date:** 04/22/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967979	R **04/08/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial second Revisit survey was conducted on 8, 2015. Brito's Home had the following deficiencies at time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain complete daily medication observation records (MORs) for 7 out of 7 residents (residents #1, 2, 3, 4, 5, 6 and 7).

Findings included:

Observation on at 10:45 am revealed that Employee A took the MOR and started to signed it standing by the kitchen.

Record review of residents #1, 2, 3, 4, 5, 6 and 7's medication observation records (MORs) indicated that none of the resident's medications were documented to have received in the evening on and in the morning on , as per the attached photograph.

Interview on at 10:46 am with Employee A revealed that she was signing the MOR on and because she did not have time to do it before.

Interview with Administrator on at 12:30 pm revealed that he acknowledged that the employee responsible to document on residents ' (# 1, 2,3,4,5, 6 and 7) MORs did not document in a timely manner.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to discard discontinues or abandon medications. Facility failed to ensure mediations were properly stored and secured.

Findings included:

Observation during the facility tour on at 11:48 am revealed that there were unlabeled over the counter medication in the refrigerator door compartment one bottle of and one Adult Suppositories

Observations during the facility tour on at 11:50 AM revealed there were discard medications in the living

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

0055 Continued From page 1

of a white bag (stapled) on the top of a table. These were the medications found:

1000 mg tab, 1 mg tab, 50 mg tab, 100 mg tab, 40 mg.

An interview on at 12:00 pm the Administrator stated, " These medications belonged to a Resident who I called the Pharmacy to pick them up, but I am still waiting for them to pick up the medications. "

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to one out of seven residents (Resident #7). The facility provided services to residents outside the current license capacity of six.
Findings Included:
Observation during the facility tour revealed that Employee A showed Resident #5 and Resident # 7 possessions and stated that they slept in #; Employee A also showed Resident #1 and Resident #2 possessions and stated that they slept in #.
Interview with Resident # 7 on at 11:00 am revealed that she has been living in the facility for about a month in #. with Resident #5. Moreover, Residents (#s 2 and 3) revealed that they lived in the facility, too.
Record review on revealed that there were seven residents' records in the facility: Residents (#s 1, 2, 3, 4, 5, 7)
Record review on revealed that the Medication Observation Record (MOR) had seven residents information of their daily medications. Resident ' s #7 medications were 100 mg, Ability (Aripiprozole 15 mg), 100 mg, 50 mg and 200 mg.
Interview on at 11:55 am with revealed that Administrator stated, " Resident #1 is still living in the facility; however, she is planning to move with her son."
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. , 2015

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2015 by 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 .

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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