

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966734	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER B & B HOME CARE III	STREET ADDRESS, CITY, STATE, ZIP CODE 11960 SW 172 STREET MIAMI, FL 33177	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. B & B Home Care III Inc. with Limited Mental Health and Limited Nursing Services components had that following deficiency found at time of survey.

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination on an annual basis for registered nurse as well as to have evidence of new professional license for Registered Nurse .

Findings include:

Record review of registered nurse's personal file revealed that physical examination statement that indi negative test was dated and Registered Nurse's professional license expired on

Interview with registered nurse on at 1:40 p.m. and revealed that she did not realize that test expired. She did not have her nurse license at the facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
B & B Home Care Iii
11960 Sw 172 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida