STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967573	08/11/2015
NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **567 NE 137 STREET** **MIAMI, FL 33161**	

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

0000 Initial Comments

A Standard Biennial Licensure Survey was conducted on / / . L & B Solution Care II with Limited Mental Health component had following deficiencies found at the time of survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe environment for the safety of the Residents at the time of the survey.

Findings included:

1. Observation on / / at 9:35 AM, the top of the facility front pane had a large crack in the glass. Observation of # found a broken air conditioning unit with a missing face and un-plugged from the wall electric plug (photo taken). In # empty there was another broken air conditioning unit in the window area of the (photo taken).

2. Interview with the Administrator on / at 3:30 PM, confirmed that the facility need to fix the two air condition units and the window.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure one out of the five sampled residents have a Representative or Guardian, Surrogate or Power Of Attorney (POA) to sign the contract with the facility at the time of being admitted to the facility,

Findings included:

1. Record review revealed that Resident #1, admitted on /, Residents Representative or Guardian/ Surrogate POA has been signing the residents documents with out having documentation of a Power of Attorney given the approval to do so.

2. Interview with the Administrator on / / at 3:30 PM, confirmed Resident #1 did not have documentation POA at the time of being admitted to the facility on /.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Resident Contracts

Based on record review and interview facility failed to have one out of the five sampled residents did not have a signed and dated contract with the facility at the time of being admitted to the facility,

Findings included:

1. Record review revealed that Resident #1, admitted on / , Residents Representative or Guardian, Surrogate or POA has not signed the contract between both parties at the time of the survey.

2. Interview with the Administrator on / / at 3:30 PM, she confirmed the findings in regards that resident #1 did not have the contract signed by her Representative or Guardian, Surrogate or POA at the time of being admitted to the facility on / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
L & B Solution Care Ii, Inc
567 Ne 137 Street
Miami, FL 33161

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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