STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	08/03/2015
NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **565 NE 137 STREET** **MIAMI, FL 33161**	

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

0000 Initial Comments

A Standard Biennial was conducted on , 2015. L & B Solution Care, Inc with Limited Mental Health component had the following deficiencies at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment for one out of four (#3) sampled residents.

Findings included:

Record review on found that the facility health assessment dated for resident #3 did not document if resident needs assistance with medication and the type of medication assistance he needs. The section was found blank.

Interview on at 3:05 PM with the Administrator after review of the health assessment verified it was not completed.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews the facility failed to provide scheduled activities to the residents.

Findings included:

Observation on made on during survey process found the facility's activities calendar posted on the wall for the month of 2014 with no staff hours. The current schedule was not found posted. The resident#1, 2, and 3 were observed watching television. Resident #4 were observed in his in bed. There were no activities observed through out the survey process.

Interview on at 3:05 PM with the Administrator acknowledge that the current calendar with hours was not posted and no activities were done with the residents through out the survey process.

Class III

0077 Staffing Standards - Administrators

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/03/2015**
NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **565 NE 137 STREET MIAMI, FL 33161**	

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

Based on record review and interview the facility failed ensure administrator who supervise a maximum of three assisted living facilities appoint in writing a separate manager for each facility.

Findings included:

Record review of a staff files contained and letter of Delegation found no manager listed for the facility. A Internet search in the Florida Facility Finder found the administrator list for two licensed facilities.

Interview with the Administrator says she is the Manager and the Adminstrator.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served and failed to have menu dated a week in advance.

Findings included:

Observation made on at 9:00 AM of menu posted on the wall in the dining dated for the week of to .

Observation on at 12:00 PM of lunch the menu posted for Cycle 2 dated to for Monday has listed (Soup of the day, lean ' ' cuts on bread, tomatoes, fruit cocktail, fruit or juice). The residents served ham lettuce. tomato and mayo sandwiches, fruit cocktail and a cup of juice. The residents were no given any soup and there were no substitutions served to supplement the lunch menu.

Interview with the Administrator on at 3:05 PM acknowledge the current menu was not posted and substitution were not done.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to conduct and have the facility's liability insurance policy.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **565 NE 137 STREET** **MIAMI, FL 33161**	

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

Findings included:

Record review on of the liability insurance policy is dated and expired on .

Interview with the Administrator on at 3:20 PM stated, "I have it." but could not show documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
L & B Solution Care, Inc
565 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

XG90

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