

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967079	(X3) DATE SURVEY COMPLETED R
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 Revisit Survey was conducted on 11/21, 2015. L & B Solution Care, Inc with Limited Mental Health component had no deficiencies identified at time of the survey.

0077 Staffing Standards - Administrators

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

Findings included:

Record review found no manager designated for the facility. A Internet search in the Florida Facility Finder found the administrator was listed for three licensed facilities.

Interview with the Administrator on 11/21 says she has to find someone.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967079

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/21/2015

Name of Facility
L & B SOLUTION CARE, INC

Street Address, City, State, Zip Code
565 NE 137 STREET
MIAMI, FL 33161

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008		ID Prefix A0026		ID Prefix A0093	
Reg. # 429.26(4-6) FS; 58A-5.0181 LSC		Reg. # 58A-5.0182(2) FAC LSC		Reg. # 58A-5.020(2) FAC LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0160		ID Prefix		ID Prefix	
Reg. # 58A-5.024(1) FAC LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

State Agency

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



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 Revisit conducted on 21, 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 , 2015.

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,

A handwritten signature in dark ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

Enclosure
AMD:kb

BBT7

