STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932642	10/21/2015
NAME OF PROVIDER OR SUPPLIER **B & B HOME CARE II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17430 SW 118 PLACE** **MIAMI, FL 33177**	

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

0000 Initial Comments

An Standard Biennial Survey was conducted on / . B & B Home Care II, Inc with Limited Mental Health component had the following deficiencies found at the time of survey:

0054 Medication - Records

Based on observation, record review and interview the facility failed to maintain an accurate daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for 4 out 6 (#1, #4, #5 and #6) sampled residents.
Founding included:
Record review on / found the medication record for Resident # 1 (admitted on) for the following medications: one tablet by mouth daily, C 500 mg, 1 Tab daily; ER 30 MG, one tablet daily; 5 mg, 1 tablet twice a day, was not initialed on the MOR's on /. The medication had been punched from the bingo card on /.
Further record review found Resident #4 (admitted on /) found MOR had not been initial for the following medication: , 400, 2 tablets a day on /. Observation found the medication had been punched from the bingo card on / /.
Review of Resident #6 (admitted dated unknown) MOR found the medication 4 mg, two tablets a day had not been initialed as given and punched out of the bingo card. Resident # 5'S (admitted dated unknown) MOR showed that medication observation record (MOR ' s) had medication: 200 MG, 3 times a day at 8:00 AM, noon 12:00 PM and 8:00 PM. Observed that Administrator did assist Resident #5 with self-administration of medication at 2:06 PM.
During an interview on / at 2:06 PM, the Administrator acknowledged that medication record was not accurate and medication for Resident #5 was more than one hour outside their prescribed window. Administrator stated she goes to the mental health program. She stated I cannot give her medication to her. She stated I did assist with self-administration when she returned from the program.
Class III

0056 Medication - Labeling and Orders

Based on observations, record review and interview the facility failed to have any change in directions for use of medication be accompanied by a written medication order issued and signed by the resident's health care provider for 1 out of 6 (#5) sampled residents.

Findings included:

On / at 2:02 PM Resident #2 arrived to the facility from their Limited Mental Health program

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(LMH). At 2:06 PM the facility Administrator assisted Resident #5 with self-administration of medication. The Administrator unlocked the medication cabinet, read the medication name to Resident #5 and poured medication pill in to her hands. Administrator observed Resident #5 swallowed the medication. Administrator Initialed medication observation record (MOR)

Record review on / found Resident # 5 ' (admitted dated unknown) medication observation record (MOR ' s) listed the medication 200 MG to be given three times a day at 8:00 AM, noon 12:00 PM and 8:00 PM. Observation found that Administrator did assist Resident #5 with self-administration of medication at 2:06 PM.

During an interview on / at 2:06 PM, the Administrator acknowledged that medication record was not accurate and medication for Resident #5 was given more than one hour after it was ordered. The Administrator stated she goes to the mental health program so I cannot give her medication to her therefore I did assist with self-administration when she returns from the program.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its accurate staffing pattern for a given time period.

Findings included:

On / at 9:29 AM Staff D was observed alone at the facility upon entrance.

During record review on / found the facility work schedule posted was from to . The facility did not have updated staff scheduled for review during survey. Further review found Staff D was not scheduled to work.

During an interview on / at 11:47 AM, the Administrator, stated Staff D did not work at the facility

Class III

0082 Training - /

Based on interview and record review, the facility failed to provide documentation of providing an

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education course on / for 4 out of 4 (A, B, and C) sampled employees.

Findings included:

Observation on / at approximately 9:20 AM found the Administrator, Staff B and Staff C care of the six residents at the facility.

Record review on / showed that personnel records for Administrator (hired), Staff B (manager hired on /) and Staff C (hired unknown dated) did not have one-time education course on and .

During an interview on / at 11:18 AM, the facility administrator acknowledged and administrator is reviewing record for missing training.

Class III

0085 Training - Nutrition & Food Service

Based on observation, record review and interview the facility failed to ensure employees have a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 2 out of 2 (Administrator and B) sampled staffs.
Findings included:
Observation on / at 9:20 AM found Staff D in the kitchen cleaning and preparing breakfast. Further observation at 1:20 PM found the facility administrator had an whole chicken on the kitchen sink to be cooked at the facility.
Record review on / revealed the Administrator (hired date), did not have documentation of completing at least 2 hours continuing education regarding nutrition and food service at an Assisted Living Facility on an annual basis. The last training on record was dated to 2013.
Further record review revealed staff B (Manager, hired on /) did not have documentation of completing at least 2 hours continuing education regarding nutrition and food service at an Assisted Living Facility on an annual basis. Staff D (hire dated unknown) did not have personnel record for review.
During an interview on / at 11:18 AM, the facility administrator acknowledged and administrator is reviewing record for missing training.
Class III

0160 Records - Facility

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Based on observation, record review and interview the facility failed to have current inspections records available for review. The facility failed to have up-to date admission and discharge log listing the names of all residents at the facility
Findings included:
Observation during the facility tour on / / at 9:20 AM found Resident #2 lying down in bed in # . Further observation at 2:00 PM, Resident #5 arrived at the facility.
Review of the facility's admission and discharge log showed that Residents #2 and # 6 did not appear on the admission and discharge log. Further review bulletin found annual fire safety inspection violation corrected on and department of health inspection was not available for review.
During an interview on / / with the facility Administrator acknowledged the admission discharge log was not up-to-date as well as there was no current fire and health inspection report available for review.
Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to ensure that 1 out of 4 (D.) sampled staff had a personnel record at the facility for review.
Findings included:
Observation during the entrances conferences on / / at 9:20 AM found Staff D was working alone in the facility.
Record review on / / revealed Staff D (hire date unknown) did not have a file documenting the following:
1. Application with references
2. Background screening
3. Physical examination including freedom from ( )
4. The in-service training
During an interview on / / at 10:01 Staff D stated I'm working here for 24 hours for a week.
During an interview on / / at 11:18 AM, the facility Administrator acknowledged deficiencies. Administrator is reviewing record for missing training. Administrator did not provide personnel record for staff D. She stated Staff D is not working at the facility
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to execute at or prior to admission a resident contract for 2 out of 6 (#2 and #4) sampled residents. The facility failed to have inform consent to assist resident with self-administration of medication by unlicensed personnel.

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Finding included:
Observation on / at 9:20 AM during facility tour found Resident #2 lying down in bed in #. Further observation at 2:00 PM, Resident #5 arrived at the facility..
Record review on / found Resident #2 (admission date unknown) and Resident #4 (admitted on) 's resident agreement was not signed by Residents #2 and #4 or legal guardian or responsible party before or at the time of admission. Further review found that Resident #2 did not have a signed informed consent for unlicensed staff assist with medication.
During an interview on / at 12:07 PM, the Administrator acknowledged that in-fact the facility had not executed and entered into a contract with Resident #2 and Resident #4.
Class III

L241 LMH - Records

Based on record review and interview, the facility failed to ensure that the Community Living Support Plan and Agreement were provided for 3 out of 6 sampled residents (Residents #1, #3 and #4) limited mental health residents.
Findings included:
Record review found the following concerns:
Resident #1 (admitted on) received ( ). Review of their Health assessment (dated) found the diagnoses of Chronic ( ). Further review found the last annual community living support plan was dated /.
Resident #3 (admitted on) received ( ) $54.00. Health assessment dated diagnoses: Chronic ( ). Further review found the last annual community living support plan was (dated)
Resident #4 (admitted on) received ( )$24.400. Health assessment dated diagnoses: Chronic ( ) facility did not have agreement and Living Community support plan (blank).
During an interview on / at 11:37 AM facility administrator acknowledged that need to complete documentation for LMH residents at the facility.
Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that 1 out of 4 (Administrator) sampled employees received the 3 hours of continuing education every two years for Limited Mental Health training.
Findings included:
Record review on / found the Administrator's (hired on /) personnel record did not have

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documentation of receiving 3 hours continuing education every two years.
During an interview on I/ at 11:18 AM, the facility Administrator acknowledged the findings and stated administrator is reviewing record for missing training.
Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview the facility failed to have an eligible Level II background screening for 2 out of 3 (B and D) sampled staff before have contact with any person .
Findings included:
Observation on I/ 9:20 AM found Staff D alone assisting Residents #1 and #2 in the facility.
Record review on I/ for Staff B (manager hired I/) found documentation of a Level II background screening dated (Eligible). Further review of the background website at 11:06 AM showed " A new screening is required" . The facility failed to provide any documentation to show that Staff D (hire dated unknown) had an eligible background screening.
During an interview on I/ at 10:01 Staff D stated I'm the 24 hours staff. She stated did did work here for a week. She stated I do I assist the resident with self-administration of medication as needed. She stated the Administrator did give a personal phone to call 911.
During an interview on I/ , Administrator acknowledged that the background screening on record for staff B (manager) did expired and Staff D do not have record for review at the facility or Identification verified eligibility.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
B & B Home Care Ii, Inc
17430 Sw 118 Place
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state licensure 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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