STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	R 01/25/2016
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 Standard Biennial Survey Revisit was conducted on 01/21/16 and concluded on 01/25/16. B & B Home Care III with Limited Nursing Services and Limited Mental Health component had deficiencies identified at time of survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview facility failed to provide activities to residents as scheduled.

Findings included:

Observations on / / from 9 AM to 9:31 AM found Resident #1 was outside smoking and she was not participating any activities.

Record review found the activities calendar (posted in bulletin board in the dining) showed on / / from 9 am to 11 AM the facility was schedule to have stretching exercise.

In an interview with the Administrator on / at 9:32 AM, she stated "Let me ask her" referring to see if Resident #1 wanted to participate in activities.

Uncorrected Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period
Findings included:
Observation during the tour of the facility on / / at 8:40 AM found Staff E (caregiver, no record at the facility) alone assisting one resident at the facility with activities of daily.
Review of the staffing for / / showed Staff C was (caregiver) was scheduled to work 7:00 AM to 7:00 PM; Staff B (manager) was scheduled to work 7:00 AM to 7:00 PM; and Staff D (caregiver) was scheduled to work 7:00 PM to 7:00 AM.
During an interview on / / at 9:40 AM with facility's Administrator acknowledged that staff schedule did not reflect the accurate staffing pattern at the facility.
Uncorrected Class III

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0083 Training - First Aid and

Based on record review, record review, and interview the facility failed to ensure that a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses be in the facility at all times.

Findings included:

Observation during the tour of the facility on / / at 8:40 AM found Staff E (caregiver) alone assisting one resident at the facility with activities of daily.

Record review found the facility did not have a personnel record for Staff E.

During an interview on / / at 8:40 AM Staff E stated I work here. She stated I'm working here over 3 month. She stated I clean, cooked and assists residents.

Uncorrected Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have 4 hours of Assistance With Self-Administration of Medications training for one out of five sampled staff(C).
Findings included:
Record review on / / showed Staff C did not have the 4 hours of Assistance with Self-Administration of Medications initial training. The last training for Staff C was dated for 2 hours.
During an interview on / / at 10:08 AM the facility's Administrator reviewed Staff C's record for the 4 hours of medication training, she did not find it.
Uncorrected Class III

0161 Records - Staff

Based on observation, record review, and interview facility failed to maintain personnel records for for one out of five (E) sampled staff.
Findings included:
Observation during the tour of the facility on / / at 8:40 AM found Staff E (caregiver) alone assisting one resident at the facility with activities of daily.

Record review found the facility did not have a personnel record for Staff E.

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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)

During an interview on / / at 8:40 AM Staff E stated I work here. She stated I'm working here over 3 month. She stated I clean, cooked and assists residents.
Uncorrected Class III

L241 LMH - Records

Based on record review and interview facility failed to have documentation of an annual living support plan for one out of five sampled residents (#4).

Findings included:

Record review revealed the facility failed to have an annual living support plan for Resident who was admitted to the facility .

In an interview on / / at 10:03 AM the Administrator revealed that it was all what she had. She stated that Resident #4 received and had a mental health diagnosis.

Uncorrected Class III

Z813 Results of Screening & Notification in File

Base on record review and interview the facility failed to have the background screening results at the facility for review for one out of five (D) sampled staff.
Findings included:
Record review on / / showed Staff D (caregiver)'s background screening on record at the facility dated show ... screening is required". The facility did not have a copy of Staff D's current background screening results.
The background screening database showed Staff D's eligibility date as
During an interview on / / at 1:37 PM the facility's Administrator stated she have the screening. The Administrator could not provide the updated survey during the survey.
Unclassified deficiency

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for one out of five (E) sampled staff.
Findings included:
Observation during the tour of the facility on / / at 8:40 AM found Staff E (caregiver) alone

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SUMMARY STATEMENT OF DEFICIENCIES
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assisting one resident at the facility with activities of daily. During the entrance conference Staff E represented herself as Staff D. On /// at 9:13 AM Staff E was observed with an employee record under her arm which belonged to Staff D. The Administrator who had just arrived to the facility took the record for Staff E. After Staff E was unable to provide photo identification, a social security number, or provide any proof of identity; Staff E then left the facility.

Record review found the facility did not have a personnel record for Staff E.

During an interview on /// at 8:40 AM Staff E stated I work here. She stated I'm working here over 3 month. She stated I clean, cooked and assists residents.
During an interview on /// at 9:15 AM the facility's Administrator stated I will be the only staff at the facility. She stated Staff E was not staff at this facility despite her being alone with a resident at arrival.
Unclassified deficiencies

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966734 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B HOME CARE III	11960 SW 172 STREET MIAMI, FL 33177

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed	ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) FAC LSC	Correction Completed
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		2/17/14		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 10/21/2015		☐ 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

, 2016

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey concluded on 2016by 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** _____.

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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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