RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016
Amended

Administrator
B & B Home Care Ii, Inc
17430 Sw 118 Place
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 , 2016.**

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932642	R / /
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

A Standard Biennial Revisit Survey was conducted on 01/21/16 and concluded on / /. B & B Home Care II, Inc with Limited Mental Health component had the following deficiencies found at the time of survey:

0079 Staffing Standards - Levels

Based on observation, record review, and interview facility failed to maintain a written work schedule which reflects its 24 staffing pattern for a given time period.

Findings included:

Observations on / / at 10:59 AM found Staff E alone in the facility.

Review of facility's staffing pattern for the week of / / to / / : Staff B and Staff C were on scheduled to work on / / from 7 AM to 7 PM.

In an interview on / / at 10:59 AM Staff E who identified herself as Staff D and revealed that she worked in the facility from 9 AM to 6 PM and she did not work in any other facilities at night.

In an interview on / / at 11:17 AM the Administrator revealed Staff C was off the day of the survey (/ /).

In an interview on / / at 11:21 AM the Administrator revealed that she rotated staff members between sisters facilities but she did not know who was working in each facility from 7 PM to 7 AM.

Uncorrected Class III

0082 Training - /

Based on record review and interview the facility failed to provide documentation of providing an education course on / for one out of five (D) sampled staff.
Findings included:
Record review on / / showed Staff D did not have one-time education course on / at the time of survey.
During an interview on / / at 12:45 PM the facility's Administrator acknowledged that Staff D did not have the training on record for review.

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SUMMARY STATEMENT OF DEFICIENCIES
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Uncorrected Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to maintain a personnel record for one out of five (E) sampled staff.
Findings included:
Observations on / / at 10:59 AM found Staff E in the facility alone. Staff E represented herself as Staff D.
Staff E stated she worked in the facility from 9:00 AM to 6:00 PM. She stated she did not work in any other (sister) facilities.
Record review showed Staff E did not has a personnel record for review at the facility.
Uncorrected Class III

0163 Records - Resident. Penalties for Alteration

Based on observations, record review, and interview, it was determined the facility falsified employee records for one of five (Staff E) sampled staff.

Findings included:
Observations on / / at 10:59 AM found Staff E in the facility alone. Staff E represented herself as Staff D.
Staff E stated she worked in the facility from 9:00 AM to 6:00 PM. She stated she did not work in any other (sister) facilities.
Record review on / / showed Staff D's photo in the background screening database was not the person present at that the facility.
During an interview on / at 11:45 AM, Staff E was not able to provide a proof of identity.
During an interview on / at 11:48 AM the Administrator did not answer any questions or cooperate in providing information regarding Staff E.
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 showed "New screening is required". The facility did not have a copy of Staff D's current background screening results.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & B HOME CARE II, INC	**17430 SW 118 PLACE MIAMI, FL 33177**	

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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 Backaround Screenina: Prohibited Offenses

Base on observation, record review, and interview the facility failed to have level 2 background screening for one out of five (E) sampled staff.
Finding included:
Observations on / / at 10:59 AM found Staff E in the facility alone. Staff E represented herself as Staff D.
Staff E stated she worked in the facility from 9:00 AM to 6:00 PM. She stated she did not work in any other (sister) facilities.
Record review on / / showed Staff D's photo in the background screening database was not the person present at that the facility.
During an interview on / at 11:45 AM, Staff E was unable to provide photo identification, a social security number, or provide any proof of identity.
During an interview on / at 11:48 AM the Administrator did not answer any questions or cooperate in providing information regarding Staff E.
Record review found the facility did not have a personnel record for Staff E.
Unclassified deficiency

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11932642 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B HOME CARE II, INC	17430 SW 118 PLACE 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 A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0085 Reg. # 58A-5.0191(6) 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 AL241 Reg. # 429.075(3-4); 58A-5.029(2) FAC LSC	Correction Completed
ID Prefix AL243 Reg. # 429.075(1) FS; 58A-5.0191(8) 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	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/21/2015	☐ YES ☐ NO