STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965825	03/09/2016
NAME OF PROVIDER OR SUPPLIER **DE' BLANCA HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2520 SW 102 AVENUE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. De' Blanca Home II with Limited Mental Health (LMH) component had the following deficiencies found at time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have evidence of negative examinations documented on an annual basis for two out of four (B and C) sampled staff.

Findings included:

Employee record review showed that sampled Staff B's and C'S did not have evidence of negative examination documented on an annual basis. Staff B's statement expired and Staff C's statement expired .

On at 2:45 PM, Staff B stated that Staff B's and C'S did not have evidence of negative examination documented on an annual basis in their records.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

The findings include:

Record review for the facility administrator, had no documentation of 12 hours of continuing education in the last 2 years.

On at 3:00 PM, Staff B stated that the Administrator received 12 hours of continuing education, but no documentation was available for review during the survey.

Class III

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	AL11965825	03/09/2016
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SUMMARY STATEMENT OF DEFICIENCIES
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0160 Records - Facilitv

Based on observation, record review and interview, the facility failed to have proof of a satisfactory fire inspection. The facility did not provide any documetation that the deficiency cited by the fire deparment had been orrected.

Findings included:

Record review conducted on at 09:30 AM showed that the most recent fire inspection done on had one deficiency.

Record review revealted that there was no documentation that the cited deficiency had been corrected during the surrvey.

During an interview on / at 3:00 PM, Staff B, caregiver stated that the facility had a current fire inspection but the document was not in the facility at the time of the survey.

Class III

0181 Emergency Plan Approval

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis and submit it to the county emergency agency for review and approval.

Findings include:

Observation and record review of the facility's posted Emergency Management Approval letter showed the facility's Emergency Plan was approved on /.

Interview conducted on at 2:45 PM, Staff B, caregiver stated that the facility did not have the emergency management plan review and approval on an annual basis.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure one out of four (Staff D) received the required Limited Mental Health (LMH) training.

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

Findings included:

Review of Staff D record on at 10:00 AM showed it did not contain documentation of limited mental health training. Staff Dwas hired on / .

During an interview on at 3:00 PM, Staff B stated that Staff D did not receive the required Limited Mental Health (LMH) training.

Class III

Z814 Backaround Screenina Clearinahouse

Based on observation, record review and interview, the facility failed to register the employees in the Background Screening Clearinghouse for four out of four (Staff A, B, C, and D) sampled staff.

Findings Include:

Observation on at 9:30 AM showed Staff C was in care of the residents and providing personal services to them.

Staff schedule review showed that Staff A, B, C and D were scheduled to work at the facility.
Clearinghouse review showed that the facility did not register any employee.
Interview conducted on at 2:45 PM, Staff B, caregiver stated that they did not register any employee in the clearinghouse.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview the facility failed to provide evidence of Level II background screening for Staff B.

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

Findings include:

On at 9:15 AM, observed Staff B providing personal services and care to residents.

A review of the personnel records showed that there was no documentation of an eligible of Level II background screening compliance for Staff B.

A review of the Background screening website during the survey showed that Staff B's has a status of "A new screening is required".

During an interview on at 3:00 PM, Staff B stated that 'she (the Administrator) requested my background screening and was waiting for the results.'

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
De' Blanca Home Ii
2520 Sw 102 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-5100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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