STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	03/28/2016
NAME OF PROVIDER OR SUPPLIER **DE' BLANCA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 SW 103 COURT** **MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . De'Blanca Home had the following deficiencies at the time of the visit:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a Health assessment documenting the type of assistance one of two (Resident #5) sampled residents needed when assisted with self administration of medications. The facility failed to maintain the informed consent for one of two (Resident #5) sampled residents who staff assistance with self administration of medications. The facility also failed to weigh one of two sampled residents (Resident #5) on admission.

Findings as follow:

Resident's #5 assessment (no date) did not especify the type of assistance resident needed with self administration of medications (it was blank).

There was no documentation in Resident #5's file of an informed consent to allow staff to assist the resident with self administration of medications.

The facility failed to have the weight measurement initiated on admission for resident #5.

On the facility owner (Staff #C) acknowledged the above mentioned findings.

Class III

0009 Admissions - Admission Package

Based on observation, record review and interview, the facility failed to have a Contract executed between the facility and 1 of 2 (Resident #5) sample residents.

Findings as follow:

On resident #5 was observed in the facility.

Record review documented the facility failed to have a Contract executed between resident #5 (admitted about 2 months prior to the date of the survey; no admission date was documented) and the facility.

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On at 11:15 a.m. the facility owner (Staff C) stated the facility did not have a Contract executed with resident #5.

Class III

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to accurately document a resident's qualification to meet continued residency criteria for 1 of 2 (Resident # 5) residents.

Findings:

On at 8:10 a.m.resident #5 was observed in the dining breakfast without assistance from staff.

A review of an un-dated AHCA form 1823 Health Assessment documented that Resident #5 needed total care with dressing, and toileting.

On at 9:50 a.m. Staff B stated that Resident #5 needed assistance, and not total care, with the activities of daily living including dressing, and toileting.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have an accurate Staffing Schedule.

Findings as follow:

On at 8:30 a.m. Staff C and D were observed in facility.
Staffing schedule review) showed:
Staff C was scheduled from 7 am to 7 pm,
Staff D was not on the schedule.
Staff F was schedulef to work from 7 am to 7 pm, but was not working in facility anymore.

On at 12:30 p.m. the facility owner stated Staff D was not on the schedule because the

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person was in training, and Staff F was not working at the facility anymore.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to have 1 of 4 (Staff C) trained in Nutrition and safe food handling.

Findings:

Record review showed only 2 total hours continuing education in Nutrition and food for the Owner (Staff C) hired on . The last Nutrition training of Staff C was dated .

On at 11:15 a.m. , the Owner acknowledged the lack of proof of an updated nutrition and food training.

Class III

0160 Records - Facility

Based on observation, record review and interview the facility failed to: Have an accurate Admission and Discharge log.
Have the last satisfactory Sanitation and Fire inspections.

Findings as follows:

On at 8:10 a.m. 5 residents (#1, #2, #3, #4 and #5) were observed in facility.
Record review documented:
The facility failed to have resident #5, in Admission and Discharge log.
The facility still had 2 already Discharged residents (#6 and #7) (as facility residents), in the admission and Discharge log.
The facility had no proof of the last Sanitation and Fire inspections, available for review.
On at 11:15 a.m. the facility owner (Staff C) acknowledged the facility Admission and Discharge log was no accurate by missing one resident (#5) and having discharged residents #6 and #7, already in the log, as facility residents.
Staff C also stated, the facility passed the Sanitation and Fire inspections but had no proof of it available for review.

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Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to have an application for employment with references for 1 of 4 (Staff D) facility Staff.

Findings as follows:

On Staff D was observed in facility assisting residents.
Record review documented the facility failed to have an Employment application with references for Staff D (hired on .
On at 11:15 a.m. the facility owner (Staff C) acknowledged the facility failed to have an Employment application for Staff D.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 1 of 4 Staff (Staff B), trained in working with Limited Mental Health residents.

Findings as follow:

Record review documented the facility holds an Standard License with Limited Mental Health component.

Record review documented the facility failed to have Staff B (hired on), trained in working with Limited Mental Health residents.

On at 11:15 a.m. the facility owner (Staff C) acknowledged that the facility has no documentation of the Limited Mental Health training for Staff B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
De' Blanca Home
125 Sw 103 Court
Miami, FL 33174

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) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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