STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965276	04/26/2016
NAME OF PROVIDER OR SUPPLIER **B & B HOME CARE 1, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20625 SW 114 PLACE** **MIAMI, FL 33189**	

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

0000 Initial Comments

A standard biennial survey was conducted on , , 2016. B & B Home Care I, Inc. with limited mental health component had the following deficiencies identified at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the Assisted Living Facility's caregiver (#B) failed to follow the right procedures during assistance with self-administration of medication for one (#5) out of six sampled residents.

Findings included:

Observation on / at 9:35 AM revealed that Caregiver B brought to Resident #5 the food tray that one croissant, one cup with milk, one cup with orange juice, cooked cereal, one cup with tea and a little cup with three pills inside to the Florida . Caregiver B did not read medicines' labels to Resident #5. Caregiver B left the tray with everything in including the pills to Resident #5. Caregiver B did not observe that Resident #5 took the medicines. Caregiver B did not wash her hands before neither after assisting Resident #5 with medicines.

Reconciliation of Resident #5's morning medicines revealed that Resident #5 had , MES 2 mg tab, , 60 mg, and 0.5 mg tablet.

Review of Resident #5's MOR revealed that Resident #5 had schedule at 8 AM , MES 2 mg tab, , 60 mg, and 0.5 mg tablet. 0.5 mg as needed one tablet twice a day.

In an interview on at 10:50 AM the Administrator revealed that medication training provided to Caregiver B was not like that.

In an interview on / at 2:11 PM Caregiver B revealed that Caregiver B was not a Licensed Practical Nurse neither a Registered Nurse.

Class III

0054 Medication - Records

Based on observation, record review and interview, the Assisted Living Facility's caregiver failed to

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update the Medication Observation Record immediately each time a medication was offered for one (#5) out of six sampled residents.

Findings included:

Observation on at 9:35 AM revealed that Caregiver B brought to Resident #5 the food tray that one croissant, one cup with milk, one cup with orange juice, cooked cereal, one cup with tea and a little cup with three pills inside to the Florida . Caregiver B did not read medicines' labels to Resident #5. Caregiver B left the tray with everything in including the pills to Resident #5. Caregiver B did not observe if Resident #5 took the medicines.

Observation on / at 9:36 AM revealed that Caregiver B went to the kitchen and started initialing Medication Observation Record (MOR).

Reconciliation of Resident #5's morning medicines revealed that Resident #5 had , MES 2 mg tab, , 60 mg, and 0.5 mg tablet.
Review of Resident #5's MOR revealed that Resident #5 had schedule at 8 AM MES 2 mg tab, , 60 mg, and 0.5 mg tablet. 0.5 mg order was written and initialed two times in the MOR.

In an interview on / at 10:50 AM the Administrator revealed that medication training provided to Caregiver B "was not like that".

In an interview on / at 2:11 PM Caregiver B revealed that she was not a Licensed Practical Nurse neither a Registered Nurse. Caregiver B provided that medications more than an hour after the scheduled time because Caregiver B was busy. Caregiver B did not realized that 0.5 mg order was written and initialed two times in the MOR.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the Assisted Living Facility failed to have within 30 days after beginning employment a written statement from a health care provider documenting that employees did not have any signs or symptoms of communicable for one (Caregiver A) out three employees reviewed.

Findings included:

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A review of the personnel file revealed that Caregiver A did not have on record at the time of the survey a written statement from a health care provider documenting that Caregiver A did not have any signs or symptoms of communicable .

In an interview on at 2 PM the Administration revealed that she did not notice that physical examination for Caregiver A did not document that Caregiver A did not have any signs or symptoms of communicable .

Class III

0079 Staffing Standards - Levels

Based on observation, interview and record review, the Assisted Living Facility failed to have an accurate staff schedule posted.

Findings included:

Record review of staff schedule revealed that on Caregiver B was scheduled to work from 7 AM to 7 PM, Administrator from 7 AM to 7 PM and Caregiver A from 7 PM to 7 AM.

Observation on / at 9 AM revealed that Caregiver B was the only caregiver in the facility taking care of Resident # 5.
In an interview on / at 9 AM the Caregiver B revealed that shewas the only caregiver at home and there was one resident was at home at that moment, four other residents were at the program and there was a resident hospitalized. Residents started arriving from the programs after 2 PM. Caregiver B stated " It is only one person here as always ".

Observation on at 9:45 AM revealed that Administrator arrived at facility.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the Assisted Living Facility failed to have regular and therapeutic menus reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to

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ensure the meals meet the nutritional standards. The facility also failed to have dated and planned at least one week in advance menus and to keep them conspicuously posted or easily available to residents.

Findings included:

Observation on at 9:37 AM revealed that menu posted in the bulletin board in the dining for , 2015; one year earlier.

Record review of menu posted in the bulletin board in the dining 2015 revealed that it was effective from / and expired on / . That menu was plan for another facility which was at another location.

In an interview on / at 9:38 AM the Caregiver B revealed that residents were not allowed in the kitchen. Residents read the menu posted in the bulletin board.

In an interview on / at 9:57 AM the Administrator revealed that menu was not posted and she did not know why.

In an interview on at 11:22 AM the dietitian revealed that shehad done menu for two of the facilities supervised by Administrator, but it was Administrator responsibility to order menu for each of the facilities.

In an interview on at 11:26 AM the Administrator revealed that a menu was a menu, they were all the same.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the Assisted Living Facility failed to a clean living environment.

Findings included:

Observation on at 9:10 AM revealed that there was one residents' the facility. There was strong odor in the residents' .

In an interview on at 9:10 AM the Caregiver B revealed that Caregiver B has not done any

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cleaning in the facility yet.

Class III

0160 Records - Facilitv

Based on record review and interview, the Assisted Living Facility failed to have sanitation inspection reports issued by the county health department issued within the last 2 years.

Findings included:

Reviewed of facility's record revealed that the only health inspection report in record at the time of the survey was dated .

In an interview on at 9:57 AM the Administrator stated "Health Department inspection has not come yet".

Class III

L241 LMH - Records

Based on record review and interview, the Assisted Living Facility failed to have mental health assessment completed by a psychiatrist, clinical psychologist, clinical social worker, nurse, or an individual supervised by one of these professionals for one (#5) out of six sampled residents.

Findings included:

Record review of Resident #5's file revealed that Resident #5 was identified as a limited mental health resident in the admission and discharge log. Mental Health Assessment was just signed by Resident #5.

In an interview on at 1:46 PM the Administrator revealed that Administrator did not find Resident #5's Mental health assessment.

Class III

Z814 Backaround Screenina Clearinahouse

Based record review, interview and observation, the Assisted Living Facility failed to register maintain the employment status of all site employees with the AHCA Background Screening Database clearinghouse.

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Findings included:

Observation on at 9 AM revealed that Caregiver B was the taking care of Resident # 5.

Background screening website for providers showed that the facility' s employee roster had just one employee, Caregiver C with a hire date of .

In an interviewed on at 9:59 AM the Administrator revealed that Caregiver C has never worked in the facility.

A review of the , 2016 staff schedule revealed that on Caregiver B was scheduled to work from 7 AM to 7 PM, Administrator from 7 AM to 7 PM and Caregiver A from 7 PM to 7 AM.

Unclassified

Z816 Background Screening-Compliance Attestation

Based record review and interview, the Assisted Living Facility failed to maintain an attestation of compliance form in the personnel record for three of three (Administrator, Caregiver A and Caregiver B) employees .

Findings included:

A reviewed of the Administrator, Caregiver A and Caregiver B's personnel files revealed that none of them had in file the attestation of compliance form.

In an interviewed on at 10:03 AM the Administrator revealed that she did not know about the requirement of keeping acompleted attestation of compliance form in employees records.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
B & B Home Care 1, Inc
20625 Sw 114 Place
Miami, FL 33189

Dear Administrator:

This letter reports the findings of a relicensure 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, HealthFacility Evaluator Supervsior at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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