STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965825	R
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 Revisit was conducted on 05/13/16. De' Blanca Home II with Limited Mental Health (LMH) component had the following deficiency found at time of the survey:

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 / .

On at 11:00 AM, caregiver stated that the facility submitted the emergency management plan but had not received the approval letter.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by 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/sb
Enclosure

BBT7

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