STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE' BLANCA HOME	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 Revisit was conducted on May 31, 2016. De' Blanca Home (License #9602) had an uncorrected deficiency at the time of the survey.

L243 LMH - Training

Based on record review and interview the facility failed to ensure that staff that have direct contact with mental health health residents has a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired for 1 out of 4 sampled employees (Staff B).

Findings included:

Record review of the facility license revealed that the facility has Limited Mental Health component in its license.

Personnel record review of Staff B revealed that she was hired on . Also revealed that there was no copy of the certificate for limited mental health training in her file.

On / at 11:50 am Staff B (hired on) stated that she had not done the initial limited mental health training yet.

On / at 11:55 am the facility owner stated that she will remove the limited mental health component from the license.

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 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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