STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	05/31/2016
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 Complaint Survey (CCR#2016005413) was conducted on , 2016. De' Blanca Home (License # 10171) with Limited Mental Health component had deficiencies identified under the complaint survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to follow continuing residency criteria for 1 out of 7 sampled residents that sustained multiple while living at the facility(Resident # 1).

Findings included:

Review of hospital record of Resident # 1 revealed that she was admitted to the same hospital 3 times following at the facility; on / , / and . On / she sustained a laceration on the left side on her forehead with multiple of the left facial bones and on her left forehead laceration reopened.

On / at 8:50 am Caregiver B stated: "The only resident that has twice here was Resident # 1 and she is no longer here. She was discharged to the hospital on after she had a ."

On / at 9:15 am the facility owner stated that Resident # 1 was receiving physical at the facility as per her family request. She also stated that Resident # 1 had advanced and was not able to follow instructions and used to stand up suddenly from the chair."

On / at 11:30 am Caregiver B stated: "On around 6 in the morning Resident # 1 got out of bed and to the floor and cut the left eyebrow. She was taken to the hospital and had small in her left side of her face, but the family refused the resident to have surgery to repair the . On 5 she was sitting at the terrace with all the other residents and with me and suddenly she stood up and had no stability and to the floor and hit the left side of her face again and the opened again and she was discharged to the hospital and from there she was taken to a rehab place."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to submit a preliminary report to the agency within 1 business day after the occurrence of an adverse incident for 1 out of 7 sampled residents

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SUMMARY STATEMENT OF DEFICIENCIES
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(Resident # 1).

Findings included:

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Review of the incident report data base revealed that the incident reports for the in 2016 and 2016 in which Resident # 1 sustained injuries were never submited to the agency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005413

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 2016005413
XG90

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