STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965276	**07/26/2016**
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 Complaint Survey (CCR# 2016008366) was conducted on and concluded on . B & B Home Care I with Limited Mental Health service component, license number 9866, had deficiency found at the time of the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on record review and interview the facility failed to provide a clean environment free from bed bugs infestation.

Findings included:

Review of facility record on at 7:10 AM showed that the Sanitation Inspection dated was unsatisfactory. The report documented "Violation #29- Eliminate presence of live bed bugs in all . Observed on all beds in the home."

Sanitation Inspection dated was unsatisfactory. The report documented "Violation #29-Eliminate presence of live bed bugs in all . Observed on all beds in the home (repeat violation)."

Sanitation Inspection dated was unsatisfactory. The report documented "Violation #27-Call a pest control to eliminate the presence of live bed bugs in the . Violation #29-Replace all the box springs stained with from the bed bugs."

Sanitation Inspection dated was unsatisfactory. The report documented "Call a pest control to eliminate the presence of live bed bugs in the . Violation #29-Replace all the box springs stained with from the bed bugs."

Interview conducted on at 7:15 AM by phone the administrator stated "The Health Department inspected the facility. They said that we had one bed bug. I did not know about that. The inspector told me that he will wait until we fumigate the facility. I did not understand why he informed your agency. I paid a company to fumigate the facility but they stole my money. I paid another company and the facility was fumigated on / . I am going to bring the receipt to you right now."

The administrator brought the receipt of the pest control service completed on / .

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
B & B Home Care 1, Inc
20625 Sw 114 Place
Miami, FL 33189
RE: CCR #2016008366

Dear Administrator:

This letter reports the findings of a complaint 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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