STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	07/12/2016
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

An off hours Complaint Survey (CCR # 2016007942) was conducted on . De' Blanca Home with a Standard license (License #10171)had the following deficiencies identified at the time of the visit:

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to have an accurate health assessment for 4 out of 7 (Residents #1, 2, 4 and 5) facility residents.

Findings:

Record review showed, the health assessment of residents #1 (dated) , #2 (dated:) and #4 (dated:) stated residents needed medication administration.
The Health assessment of resident #5 (dated) did not specify type of assistance resident needed with self administration of medications.

On at 8;30 p.m. the Administrator stated that the health assessments for residents #1, #2, #4 and #5 were inaccurate due to residents needed assistance with self administration of medications.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to honor residents' rights by using full bedrails with no prescription for 1 of 7 residents (Resident #5), and by not having 1 out of 7 residents' records secured (Resident #2).

Findings:

On at 7:20 a.m. observed Resident #5 in bed, with full bedrails in upright position, on the left side of the bed.

On at 7:20 a.m. resident #2 was observed in #.

Record review showed, the facility failed to have a prescription for the use of half bedrails for resident #5. The facility neither have a consent for the use of half bed rails.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	**07/12/2016**
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)

Record review showed the facility failed to have Resident's #2 records in facility available for review.

On at 8:50 p.m. the facility administrator (Staff A) acknowledged the facility had no prescription for the use of half bedrails for Resident #5, and further acknowledged that full bedrails were not allowed in assited living facilities.

On at approximately 8:52 p.m, the Administrator stated the records the Daughter of Resident #2 took all of the Resident's records from the facility's office, without permission. The Administrator stated she was assisting residents with lunch and did not see when residents' daughter took the records.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have a staff schedule showing the minimum staffing hours per week.

Findings as follow:

On at 7:20 p.m. Staff A (administrator was observed in facility working with a census of 7 residents.

Record review showed the facility failed to have a staff schedule showing the weekly staff working hours for the month of 2016.

Record review showed the fcaility Staffing schedule available for review was dated 2016.

On at 8:05 p.m. the facility administrator (Staff A) stated the facility had 3 Staff members.

Class III

0120 Fiscal - Financial Stabilitv

Based on record review and interview the facility failed to demonstrate financial stability.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	**07/12/2016**
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)

On at 9:30 p.m. the facility owner stated on interview that the property was no in foreclosure and that the problem was that she made a mortgage modification in the house but it was made incorrectly as follows:
The facility property (house) had 2 mortgages; the owner gave the case to a lawyer to modify those mortgages in one payment but the lawyer only modified one of them (the first mortgage) then, the second mortgage still in force, was not paid for months. The owner stated that she thought she was paying the two mortgages together in one monthly payment and then she received the letter from the bank, telling there was 1 unpaid mortgage and the house will be placed in foreclosure. Stated , the case is under a lawyer hands to be resolved.

On at 9:40 p.m the surveyor requested to the facility owner Mortgage statements documenting property situation (foreclosure or not) and the last 6 months of the facility bank statements to document facility financial condition.She was advised to inform the local office (AHCA) of any situation delaying the delivering of the requested documentation.
Record review showed that as of at 5:00 pm the last 6 months facility bank statements to document the facility financial condition had not been received in the agency office and the facility owner had no informed the local office (AHCA) of any situation that could have delayed the delivering of requested documentation.
Record review of documents recieved after 5:00 pm on showed that the facility's second mortgage is in foreclosure.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to appoint a health care surrogate, health care proxy, guardian, or the existence of a power of attorney in 1 out of 7 (Resident #1) residents.

Findings as follow:

Record review showed the Contract between the facility and Resident #1 was signed by a family member. Record review also showed the power of attorney in resident's #1 record was not notarized. The record had no other legal document authorizing the family member to represent Resident #1, .

On at 9:00 a.m. the Administrator acknowledged the contract between the facility and resident #1 was signed by a family member and realized the power of attorney on record was not notarized.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	07/12/2016
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)

Class III.

0164 Records - Inspection Availability

Based on observation, record review and interview, the facility failed to have 1 out of 7 (Resident #2) records available for review.

Findings as follow:

On at 7:20 p.m. it was observed resident #2 in #.

Record review showed the facility had no records available for review for resident #2.

On at 8:00 p.m. the Administrator stated, the facility had no records for resident #2, available because resident's #2 daughter took all residents record out of facility without authorization and has not brought them back.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview the facility failed to register and maintain the employment status of all employees with the Background Screening Clearinghouse.

Findings :

On at 7:40 p.m. observed Staff A in facility, with 7 residents.

Review of the Background Screening Clearinghouse database showed, the facility had only one Staff registered . The registered staff shown was not the Staff (A) present in facility on at 7:20 p.m.

On at 8:30p.m. the Administrator (A) stated that the facility had 3 Staff members, and that the staff registered in the clearinghouse database had not worked in facility since a long time ago.

On at 8:30p.m., the Administrator acknowledged that the current Employess (A, B and C) were not reigisted at the Background Screening clearinghouse.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	07/12/2016
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)

Unclassified.

Z828 Administrative Fines: Violations

Based on observation, record review and interview the facility exceeded its licensed capacity.

Findings included:

Record review of Facility Finder revealed that the facility s licensed for 6 beds. Review of the facility license revealed that the facility s licensed for 6 beds.

Upon arrival to the facility on [redacted] at 7:40 pm Staff B (caregiver) stated: "There are 7 residents because one was supposed to leave last week, but her daughter said that it will be next Friday."

During tour of the facility on [redacted] at 7:45 pm observed in [redacted] # 1 there was 1 resident; and in [redacted] # 2, 3 and 4 there were 2 residents in each [redacted]. All residents were laying in bed.

Review of the admission/discharge log revealed that there 7 residents admitted to the facility.

Unclassified

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 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

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