STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966689	R
NAME OF PROVIDER OR SUPPLIER **REBULL FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9760 MEMORIAL ROAD** **MIAMI, FL 33157**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Change of Ownership survey was conducted on . Rebull Family Care Inc with Limited Mental Health component, license number 10852, had deficiencies found at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interview, the facility failed to honor resident rights. The facility failed to ensure that resident areas were not used as storage and resident lived in a safe and decent environment.

Findings included:

Arrived to the facility on at 2:00 PM, found Staff A in the facility with a census of six residents and one day care participant. During the tour on after 2:00 PM, found a woman sitting in the backing living the residents. Staff A was observed asking that woman the name of the residents during the tour because Staff A did not remember the residents' names. Further observations, in resident # (next to the kitchen) found a clear bag with medications inside of it and multiple large black luggage bags.

Staff A stated on at 2:00 PM that the woman was a family friend of one of the residents. Staff A also stated that the large black luggage bags were from Cuba and no other explanation was given.

Attempted interview with the woman observed in the facility but she did not speak English. On at 2:43 PM the woman left the facility and walked away per observations.

Class III

0054 Medication - Records

Based on observations, record review, and interview, the facility failed to maintain medication observation records (MORs) for 2 of 6 (#1 and #5) sampled residents.

Findings included:

Observations on at 2:18 PM found Staff A going into the medication cabinet. Staff A took the medication bingo card and fold it and tried to place it into her pocket. Further observations found the medication was (night medication) for Resident #1.

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Record review found Resident #1's MOR did not have listed.

On at 2:44 PM Staff A reported that the medication was ordered but it was not placed on the MOR.

On at 3:08 PM medication reconciliation found Resident #5 had 500 MG.

Record review found Resident #5's MOR did not have listed.

Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Arrived to the facility on at 2:00 PM, found Staff A in the facility with a census of six residents and one day care participant.

Record review found the facility's staff pattern for , 2016 revealed two staff members would be in the facility at 2:00 PM. Staff A scheduled to work from 7 AM to 7 PM and Staff B scheduled to work 9 AM to 6 PM.

Observations on at 3:21 PM found Staff B arrived to the facility.

Class III

0163 Records - Resident. Penalties for Alteration

Based on record review and interview, the facility failed to ensure that medication examination forms for the residents were not altered.

Findings included:

Record review found Residents #2, #3, #4, #5, #6 and day care participant had health assessment

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

(1823) forms that were white out. The facility failed to ensure that the forms were not altered.

On / at 2:21 PM health assessments were reviewed with Staff A.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966689 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REBULL FAMILY CARE INC	9760 MEMORIAL ROAD MIAMI, FL 33157

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0125 Reg. # 429.27(2) FS; 58A-5.021(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) JS	DATE 9/14/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/1/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rebull Family Care Inc
9760 Memorial Road
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Change of Ownership revisit survey conducted on 26, 2016by 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:ve
Enclosure

BBT7

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