RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
L & B Solution Care, Inc
565 Ne 137 Street
Miami, FL 33161

RE: CCR #2016009338

Dear Administrator:

This letter reports the findings of a state licensure complaint 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
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	10/05/2016
NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **565 NE 137 STREET** **MIAMI, FL 33161**	

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

0000 Initial Comments

A complaint Investigation Survey CCR#2016009338 was conducted on . L & B Solution Care Inc. with a Limited mental Health component, License # 11186 had the following deficiencies found at the time of the survey:

0127 Fiscal - Liability Insurance

Based on observations, record review, and interview the facility failed to have documentation of current, Liability Insurance.

Findings included:

On at 8:00 AM during the tour was observed that the Liability Insurance certificate posted was dated / , and expired on .

On at 12:00 PM during an interview with the Administrator, she stated that she was going to take care of this as soon as possible.

Class III

0160 Records - Facility

Based on observations, record review, and interview the facility failed to have a current health inspection and fire inspection.

Findings included:

On at 8:00 AM, observed that the health inspection and fire Inspection were missing on the bulletin board where all the other licenses and permits were posted.

On at 12:00 PM during an interview with the administrator she stated that she was going to find the inspection reports because she knew that she had them somewhere.

Class III

0181 Emergency Plan Approval

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

Based on record review and interview the facility failed to have an emergency management plan submitted and approved by the local emergency management agency.

Findings included:

On at 8:00 AM, observed the emergency management plan was dated / / and expired on / /.

On at 12:00 PM during an interview with the administrator she stated that she was going to find it because she knew that she had it somewhere.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register three of three sampled staff (Staff A, B, C and D) on the site's roster in the Background Screening Clearinghouse database.

Findings Include:

Record review showed Staff A, B, C and D were schedule to work every day from 7:00 AM to 7:00 PM during the month of .

A review of the site's Background Screening Clearinghouse database roster showed that the facility did not register these employees.

On at 12:00 PM during an interview with the Administrator she stated that she was not aware of this requirement, but she was going to do it as soon and possible.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and staff interview the facility failed to ensure that one out of four sampled staff members (Staff D) had an eligible Level 2 background screening prior to providing care to residents.

Findings included:

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Employee record review revealed that Staff D (hired /), did not have a current eligible background screening result in her file. The result shown in her file stated"Agency Review Required". Further review of the employee reccord showed the employee was hired as a caregiver.

On at 12:00 PM during an interview with the Administrator she stated that she thought that this caregiver had all her papers up to date.

Unclassified

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