STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966689	**11/03/2016**
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 Complaint Survey (CCR #2016010950) was conducted on 10/26/2016 and concluded on 11/03/2016. Rebull family care with Limited Mental Health component (AL10852) has the following deficiencies found at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to contact the residents' health care when 1 out of 8 (Resident #7) facility residents exhibited a significant change in appetite. The facility also failed to maintain a written record, updated as needed, of any significant changes as decrease of appetite, any illnesses as , that resulted in medical attention, and the provision of additional services.

Findings as follow:

Facility observation log dated for Resident #7 sated, "we have to send Resident #7 to the hospital, resident was with short breath and was very bad. We called her daughter she did not answer (the phone) and the rescue decided to take resident . Her daughter was noticed later that her mother was in hospital. We call the paramedics at 8:50 a.m. Today resident on . The medications were returned to the pharmacy."

On at 11:19 a.m. the owner stated Resident #7 had no . Stated resident started to decline about 3 days before , decreasing the appetite and eating less. She stated they did not call the doctor and did not write that observation. The owner reported, on at 8:50 a.m. she called 911 after seeing resident at about 7:00 a.m. with short of breath, stated resident was awake and responded to
staff questions telling that she was feeling bad with short of breath. The owner called resident's daughter to inform the facility called the rescue due to resident's condition. Resident's daughter did not answer the phone and a message was left in the answering machine. The owner stated the fire rescue came to facility, evaluated resident and decided to take resident to the hospital.

Hospital discharge records dated showed Resident #7 had the following past medical history, "Essential deemed to be at the present time. Functional secondary to above. Sacral . Acute on chronic severe of protein and calorie secondary to poor oral intake. History of hairline in the hip in the past. less than a year ago."

History of present illness: "The patient present with daughter states patient quality of life declined over

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the last 2 weeks. She is no longer eating/drinking or verbal. The onset was 2 weeks ago.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the facility failed to follow the menu.

Findings as follow:

Lunch observations on 10/26/2016 found six residents eating the following:
Split peas soup with ham, white rice,fried chicken, fruit cocktail. No salad /vegetables were served.
Menu posted for showed roasted meat 4 oz substituted for fried chicken (noted), white rice 1 cup, beans 1/2 cup, vegetables 1/2 cup,mixed salad 1 cup, dressing 1 cu, fresh fruit 1 cup.
The facility owner and Staff (who cooked) acknowledged no salad /vegetables were served. The owner reported it was because residents don't like it.
Staff was not observed offering salad/vegetables to residents.
Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to maintain personnel records for 1 out of 6 (Staff F) staff members.

Findings as follow:

On / at 7:20 p.m. observed Staff F in facility with a census of seven residents.

On / at 7:20 p.m. Staff F stated he had no background screening, training and/or identification because was visiting the city and was working in facility for two nights.

Record review showed the facility had no record for Staff F including an employment application, training, or background screening.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview, and record review the facility failed to have an eligible level 2

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background screening 1 out of 6 (Staff F) facility staff.

Findings as follow:

On 11/ at 7:20 p.m. observed Staff F in facility with a census of seven residents.

On 11/03/2016 at 7:20 p.m. Staff F stated he had no background screening, no identification or social security because was visiting the city and was working in facility for two nights.

Record review showed the facility had no proof of the Level 2 background screening for Staff F, available for review.

Unclassified

Z827 Unlicensed Activitv

Based on observation, record review, and interview the facility was over its license capacity of six beds, the census was seven residents.

Findings as follow:

On 11/ at 7:20 p.m. observed Staff F (Staff did not have a background screening or records at the facility) in facility with a census of seven residents.

Residents were observed in , sleeping, as follows:
(Residents #2 and #7)
(Residents #3, resident #6 who was not seen because was in the hospital)
(Residents #1)
(Residents #4 and #5)

Record review showed the facility has a license capacity of 6 beds.

Staff F stated the facility had a census of seven residents, adding resident #6 was hospitalized.

On previous visit to facility on the Administrator stated Resident #7 was day care client and did not sleep in facility.

Unclassified

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Rebull Family Care Inc
9760 Memorial Road
Miami, FL 33157
RE: CCR #2016010950

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

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