

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966689	(X3) DATE SURVEY COMPLETED R 01/04/2017
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) Revisit was conducted on 12/29/2016 and concluded on 01/04/2017. Rebull Family Care with Limited Mental Health component (AL 10852) had the following deficiencies found at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to ensure that 6 of 6 (1-6) sampled residents had a completed elopement risk assessment completed.

Findings included:

Record review found Resident #3 was admitted on 11/1/16. Resident #3's health assessment documented the resident was an elopement risk. Record review revealed the facility failed to have a completed elopement assessment completed for Resident #3.

Further record review on 1/4/17 found Residents #1, #2, #4, #5, and #6 were documented as elopement risks on their health assessments.

Interview with the Administrator on 1/4/17 at 10:34 AM confirmed the health assessment documented the residents as elopement risk. The Administrator was not clear on what an elopement risk was but after it was explained, the Administrator acknowledged the elopement assessments were not completed by the facility.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview, the facility failed to ensure that the appoint Manager that successfully passed the CORE training and competency exam within 90 days.

Findings included:

Facility tour on 1/4/17 at 6:43 AM found a Staff A alone with a census of five residents.

Record review found the Manager (Staff C) was listed on the staffing pattern to work 7 PM to 7 AM.

Record review revealed the Administrator supervised three assisted living facilities. Further record

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review found the Manager did not have any documentation of successfully passing the CORE competency exam with 90 days.

Interview with the Administrator on 01/04/17 at 10:34 AM revealed the Manger received CORE training but has not passed the test.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that 1 of 3 (Staff C) sampled staff was registered with the facility's employee roster in the background screening database.

Findings included:

Record review found the Manager (Staff C) was listed on the staffing pattern to work 7 PM to 7 AM.

The background screening database showed Staff C no longer worked at the facility on / .

Unclassified



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on , 2017 by 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 , 2017.**

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

Administrator pick up on 1/4/17

BBT7

