AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967979	01/03/2017
NAME OF PROVIDER OR SUPPLIER **BRITO'S HOME CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **7361 PINE VALLEY DRIVE** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on , 2017. Brito's Home Corporation, license #11964, had the following deficiencies at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the provider failed to maintain an accurate and complete health assessment for 1 out of 6 residents (#6).

Findings include:

A review of Resident #6's health assessment revealed the information was omitted. Further review of Resident #6's file revealed that the resident's height and weight were also not recorded. There was no documentation that the provider attempted to obtained the omitted information from Resident #6's health care provider.

On at 11:07 AM, the Administrator acknowledged that Resident #6's health assessment did not document any . The Administrator acknowledged that she had not obtained the omitted information from Resident #6's health care provider and stated that she was told by Resident #6's daughter and the resident that Resident #6 is to , sulfur, and .

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and interview, the facility failed to ensure that licensed staff provided medication administration to 1 of 6 (#1) residents.

Findings include:

On at 1 PM, observed that Staff C popped the medication into a medication cup. After reading the label, staff C put the medication cup to Resident #1's mouth. Resident #1 held her head back, then Staff C poured the medication into resident #1's mouth.

Record review showed that Staff C was not a nurse or other licensed medical provider.

On at 1:04 PM, the Administrator acknowledged that Staff C did administer medication to Resident #1, and further stated that she did not know why Staff C did that.

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Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the provider failed to maintain an accurate, up-to date medication observation record (MOR) for 1 out of 6 (#1) residents.

Findings include:

A review of resident #1's MOR revealed that for the 8 AM dose of medication [illegible], there were no initials documented. A review of the medication card showed that medication [illegible], for the 8 PM slot, was empty.

On [illegible] at 1 PM, observed that Resident #1 was given the medication [illegible]. Further observation revealed that staff C initialed the medication [illegible] instead of the medication [illegible].

On [illegible] at 1:04PM, the administrator acknowledged that the MORs for resident #1 was not accurately up-to-date.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

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

Findings include:

Tour of the facility was conducted on [illegible] at 8:52 AM with Staff B.

A review of the posted written work scheduled revealed that staff B was scheduled to be off on [illegible]. Further review revealed that for the shift 12 PM-8 PM for the week of [illegible] thru [illegible], there was no one scheduled to work. According to the written work, scheduled staff was not present at the facility between the hours of 4 PM-8 PM for the week of [illegible] thru [illegible].

On [illegible] at 10:16 AM, the Administrator reviewed the posted written work scheduled and stated

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that she will have to fix it.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and observation, the provider failed to ensure that the posted menu included and documented substitutions before or when the meal was served to 6 out of 6 residents (#1, #2, #3, #4, #5, #6).

Findings include:

A review of the menu for date / revealed that for lunch, the facility would serve: Turkey or chicken, rice beans, plantains, mixed salad dressing, pineapple.

Observation conducted on / at 12:10 PM, revealed the residents (#1, #2, #3, #4, #5, #6) were served boiled egg with onions, lentil and white rice and potatoes and guava.

Further review of the lunch menu revealed the substitutions were not added before or when the meal was served.

On / at 12:12 PM, the Administrator acknowledged the changes were not documented, and stated that she would add them.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brito's Home Corporation
7361 Pine Valley Drive
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a standard biennialstate licensure survey that was conducted on , 2017 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 , 2017.** 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

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