RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
De' Blanca Home
125 Sw 103 Court
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a **second** complaint State Licensure Revisit Survey conducted on
11, 2017 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Superyisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965837 | R |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **DE' BLANCA HOME** | **125 SW 103 COURT MIAMI, FL 33174** | |

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

**0000 - Initial Comments**

A second revisit to the Complaint Survey (CCR # 2016007942) was conducted on through . . De' Blanca Home with Standard license (AL10171) had the following deficiencies identified at the time of the survey:

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observation, record review and interview the facility failed to honor residents rights regarding the use of bed rails in 1 out of 6 (Resident #2) facility residents.

Findings as follow:

On at 6:10 a.m. observed resident #2 in bed with half bedrails in upright position.

Record review showed the facility failed to have a current bedrail prescription for the its use, for resident #2. The facility bedrail prescription for resident #2, available for review, was dated

On at 9:07 a.m. the Administrator acknowledged that the bedrail prescription was expired.

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record review and interview the facility failed to have facility residents demographic data, a Copy of the Resident's Contract with facility executed on admission, the resident's for1 out of 6 (Resident #1) .

Findings as follow:

Admission and Discharge record review showed Resident #1 was admitted to facility on
Resident #1 record review showed the facility failed to have resident's demographic data, a Copy of the Resident's Contract with facility executed on admission and the resident's

On at 9:00 a.m. the facility administrator acknowledged the facility had no resident's demographic data, a Copy of Contract with facility executed on admission and for resident #1 due to resident when to hospital some days after admission.

Class III.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965837 | R<br>I/ I/ |
| NAME OF PROVIDER OR SUPPLIER<br>**DE' BLANCA HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**125 SW 103 COURT**<br>**MIAMI, FL 33174** | |

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

**Z813 - Results of Screening & Notification in File - 59A-35.090(3)(c), FAC**

Based on observation, record review and interview the facility failed to provide documentation of an eligible level II background screening for 1 out of 5 Staff (Staff B).

Findings :

On I/ I/ at 6:05 a.m. Staff A was observed in the facility providing care to 5 residents.

Record review showed that there was no documentation of an eligible level II background screening for Staff A , hired on I/ I/ . Review of the background screening clearinghouse database showed Staff A had an eligible Level 2 background screening dated I/ .

On I/ I/ at 9:15 a.m. the Administrator acknowledged that the facility had no documentation of an eligible level II background screening for Staff A.

Class III