STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	R 01/13/2017
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 revisit Survey CCR#2016009338 was conducted on 01-13-2017 at L & B Solution Care Inc. with a Limited mental Health component, License # 11186. There were deficiencies found 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 and interview facility failed to treat one of one sampled residents with dignity and respect. Resident (#1) rights was restrained in a wheelchair by a strap which she could not remove without staff assistance.

Findings included:
Observed on - at 10:40 AM Resident #) was sitting on her wheelchair by the window and front door. The resident was restrained in the wheelchair by a strap. the resident was unable to remove the strap.
On - at 10:40 AM the Administrator and owner were asked why was the resident being restrained with the seat belt while sitting in the facility. Both stated that the resident was being picked up for her day program and that the seat belt was to prevent her from sliding off her chair and that the seat belt was used when the resident was on the bus.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on observations and interview, the facility failed to have documentation of current, liability insurance at the time of the survey.

Findings included:

On - at 11:00 AM during the tour was observed that the Liability Insurance certificate posted was dated , and expired on .

On - at 11:15 AM, the Administrator stated that the liability insurance policy was not in the facility at the time of the survey.

Uncorrected
Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview facility failed to provide and clean and safe environment for five of five residents (Residents #1-5).

Findings included:

On / at approximately 10:15 am, observed at the front of the facility a gate which had an old truck parked across the front of the driveway. The gate was locked and there was a car parked very close to the gate. The other entrance was locked with a lock. On the side of the facility for the male residents, there was a strong smell like .

On / / at approximately 10:20 am, in (#2) one male resident was in bed and there was a strong smell like .

On - at 10:30 AM, the Owner stated that the Caretaker was cleaning up the facility and needed to take care of the male side of the building. He advised her to go over to the male side of the facility and she stated to clean the areas with bleach. When asked why was the truck and car in front of the gate entrance of the facility, owner did not give an answer.

Class III

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

Based on observation and record review and interview, the facility failed to register four of four sampled staff (Staff A, B, C and D) on the facility'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 2017.

A review of the facility's Background Screening Clearinghouse database roster showed that the employees were not registered. At the time of the survey at 11:40 AM on -

On - at 11:45 AM during an interview with the Administrator she stated that she was not aware

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of this requirement and did not know how to complete the roster.

Uncorrected

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure that one staff member (Staff D) did not have an eligible Level 2 background screening \.

Findings included:

Employee record review revealed that Staff D (hired), did not have a current eligible background screening result. The result shown in her file stated"Agency Review Required". Further review of the employee record 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 employee (D) had all her papers again during the revisit survey, but it was revealed that did not have the eligible status clearance at the time of the survey.

Uncorrected

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a 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/sb
Enclosure

8BT7

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