STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965276	R 03/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B HOME CARE 1, INC	**20625 SW 114 PLACE** **MIAMI, FL 33189**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . B & B Home Care I, Inc. with limited mental health component, license # 9866 had the following deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review and interview, the Assisted Living Facility failed to follow the procedures outlined by the state while providing assistance with self-administration of medication for two of four sampled residents (#2 and #6) .The facility failed to make available the medication for Resident #2, and failed to document whether or not the resident had taken medications.

Findings included:

During a facility tour on at 8:52 A.M. #2 occupied Resident #2, did not observe in durable medical equipment (DME) .

Reconciliation of medication observation record (MOR's) revealed Resident #2 was prescribed 0.083 Inhale; use 1 vials Via Jet every 6 hours. Medication 90 MCC Flexhale, with instructions stating 'inhale two puffs twice a day', was initialed by Staff D on and . The medication was not in the facility. The MOR notes did not have any documentation by the administrator or staff.

A review of Resident #6's MOR showed that medication 500 mg was not initialed by staff from / 2017 to , although the medication card did not contain the pills for those days.

During an interview on at 9:25 A.M. Staff D stated that was a mistake for Resident #6 and Resident # 2 medications was not received at the facility because the pharmacy did not send it.

Class III

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

Based on record review and interview, the Assisted Living Facility's caregiver failed to update the Medication Observation Record immediately each time a medication was offered for one (#6) out of four sampled residents.

Findings included:

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Resident #6's medication observation record (MOR) showed that medications (500 mg) was not initialed by staff from / 2017 to although the medication card did not contain the pills for those days.

During an interview on at 9:25 A.M. Staff D stated that was a mistake for Resident #6.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review and interview the facility did not ensure that one out of three sampled employees (Staff D) had received training in control, Elopement, Nutritional & Safe Food Handling within 30 days of hire.

Findings included:

Observed on at 8:50 A.M. that staff D was caring for the residents.

A review of Staff D's record revealed that there was no documentation of control, elopement and nutrition and safe food handling training. The employee's hire date was .

During an interview on at 11:17 A.M., Staff D stated "I did not received nutrition training, , control. I do prepared daily food for the residents."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observation, record review and interview, the facility failed to ensure that 1 out of 4 sampled employees providing direct care to residents received at least one hour of training in the facility ' s policy and procedures regarding ( ) within 30 days of employment (Staff D) .

Findings included:

On at 8:50 a.m. was observed Staff D on duty at the facility.

Record review found that there was no documentation of the one hour training within 30 days of hire for staff D.

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During an interview on at 11:17 A.M., Staff D stated "I did not receive nutrition training, control. I do prepared daily food for the residents."

Class III

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

Based on observation, record review and interview the facility failed to provide a clean environment to the residents.

Findings included:

On at 8:52 A.M., observed during a tour with caregiver (D) a common one light bulb. The kitchen cabinets doors were falling apart. An area under the sink and above the stove were missing one cabinet door. A common area had dirty furniture, including a chair covered with white powder. # had white powder everywhere.

A review of facility records showed that the sanitation inspection report dated showed Violation (20), which stated: Cleaning/Odors, Comments cleaning/odors housing facilities should be kept free of offensive odors through cleaning and . The facility, furniture, light fixtures ad furnishing must be kept clean. No documentation that violation was corrected by facility.

During an interview on at 10:27 A.M., the Administrator stated this white powder is to make the house fresh. She started laughing and stated the caregiver believed that a person who here is not going to return with that powder.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to have an updated sanitation inspection without open violations.

Findings included:

A reviewed of facility's records revealed that the sanitation inspection report dated showed Violation (20) Cleaning/Odors, Comments cleaning/odors housing facilities should be kept free of offensive odors through cleaning and . The facility, furniture, light fixtures ad furnishing must

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be kept clean. There was no documentation that violation was corrected by facility.

During an interview on at 10:27 A.M., the Administrator acknowledged the deficiencies.
Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have community living support plan mental health assessment completed by a psychiatrist, clinical psychologist, clinical social worker, nurse, or an individual supervised by one of these professionals for one (#6) out of six sampled residents.

Findings included:

A review of Resident #6's file and the admission and discharge log revealed that Resident #6 was identified as a limited mental health resident.

In an interview on at 10:50 A.M., the Administrator acknowledged Resident #6's file did not have an update community living support plan updated. The Administrator contacted a provider over the phone to request the documentation.

Class III

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

Based on record review and interview, the facility failed to maintain documentation of the updated results of a background screening on site in the facility's personnel files for one of six employees (the Administrator).

Findings included:

During a review of personnel records, there was documentation of an eligible background screening found for the Administrator dated .

A review of the Agency for Health Care Administration (AHCA) background screening database revealed, an eligible background screening for the administrator dated eligible.

During an interview on at 10:12 a.m., the Administrator reviewed her personnel record looking for her new background screening. She acknowledged that the documentation was not there.

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Unclassified

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

Based on record review, interview, the Assisted Living Facility failed to maintain the updated employment status of all terminated employees with the facility's roster in the Background Screening Database clearinghouse.

Findings included:

A review of the Background Screening Database clearinghouse showed that the facility's employee roster did not have the end date for Staff B, C, E and Staff F, who were not working at the facility, according to the Administrator.

In an interview on [redacted] at 9:59 AM, the Administrator stated that roster was not updated.

Unclassified