

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966035	(X3) DATE SURVEY COMPLETED 03/07/2017
NAME OF PROVIDER OR SUPPLIER LAS BRISAS HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 W 34 LANE HIALEAH, FL 33016	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Las Brisas Home Care with Limited Mental Health component (AL10300) had the following deficiencies found at the time of the survey:

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

Based on record review and interview the facility failed to have a manager.

Findings as follow:

A review of the Facility provider locator database showed that the Administrator supervised 2 assisted living facilities.

A review of staff and facility records showed that there was no documentation indicating that a manager had been designated for the site.

On at 09:10 a.m. the Administrator acknowledged that she was managing 2 facilities and that the facility had no manager.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to maintain its roster in the Background Screening Clearinghouse Database. Findings: Staffing schedule review showed Staff A, B, C and D were facility employees. A review of the Background Screening Clearinghouse Database showed Staff E as a present employee . On at 12:30 p.m. the Administrator acknowledged that the roster was not up-to-date because Staff D was still listed as an employee, although she is no longer working there. Class III		