STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965276	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **B & B HOME CARE 1, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20625 SW 114 PLACE** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A Wellness Monitoring survey was conducted on . B & B Home Care I with Limited Mental Health service component, license number 9866, had the following deficiencies found at the time of the survey:

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

Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule that reflects its 24 hour staffing pattern for a given time period.

Findings included:

A review of staff Schedule revealed Staff D and Staff B were scheduled . . . . . from 7:00 AM to 7:00 PM.

On at 7:18 AM arrived to another facility [Facility C, operated by the same provider] and Staff B opened the door and was providing assistance to residents at that location.

On . . . . . at 10:16 AM, Staff D stated "I work here all day, on the weekend I have my days off and Staff E covers for me. Staff B visits maybe once or twice every week."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility failed to operate within their licensed capacity. The facility is licensed for 6 residents; however, 8 residents were found to be at the facility during the weekend.

Findings included:

On at 10:08 AM, staff D stated she was off for the weekend and that three residents from Facility B had stayed in the facility, resulting in the facility being over capacity and short of staff. Staff D reported Staff E was covering for her for the weekend.

On at 10:16 AM interview with Staff D stated "I work here all day, on the weekend I have my days off and Staff E covers for me. Staff B visits maybe once or twice every week. The four residents are always here, they never go out of the facility. I know that this weekend we had two residents from the "Facility C" address that stayed here over the weekend but I was off and Staff E was the staff here. I do not know their names, but I know they are from the "Facility C" address.

On at 2:00 PM, Resident #9 stated "If there is no staff we go to the other house. I was at [this] facility this weekend; it was I, Resident #6 and Resident #5. I do not know who stayed at Facility C; Staff B usually takes us there. We usually only stayed there for a few hours, but this weekend we were there for two days. I will be moving to the other home, because I think this property is being renovated."

On at 2:26 PM Resident #6 stated "I have been living here for almost a year, yeah I was at Facility A last week and over the weekend I was [here] at Facility B with Resident #9 and Resident #5 I know Staff E was there. We usually go where there is a staff person.Staff B usually takes us to this house or to Facility C."

Review of staff Schedule revealed Staff D and Staff B were scheduled from 7:00 AM to 7:00 PM.

Review of the admission and discharge log revealed Resident #13 was admitted on Resident #12 was admitted on , Resident #10 was admitted on and Resident #11 was admitted on this has caused the facility to be overcapacity and over the staffing ratio as recently as last weekend, when 3 residents from Facility B were transferred the facility, resulting in a total of 7 residents present.

Unclassified

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