

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967079	(X3) DATE SURVEY COMPLETED R 04/19/2017
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 . L & B Solution Care Inc. with a Limited mental Health component, License # 11186 had the following 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) was being forced by staff to eat a meal even after she expressed several times that she did not want it.

Findings included:

On at 8:45 AM, observed Caregiver (B) and the Administrator lift Resident #3 from a wheelchair and place her the couch. The resident was unable to assist with her transfer. Caregiver (B) came with a plate of food and started forcing the food into the resident's mouth. The resident did not try to grab the spoon. The resident's appeared clenched shut, yet Staff B continued to attempt to shove the food into the resident's mouth. The resident turned her head away several times in an attempt to avoid the food, and repeatedly expressed verbally that she did not want the food.

A review of Resident #3's health assessment revealed Diagnoses of with behavioral disturbance, . The resident needed assistance with all ADLs, ambulation, bathing, dressing, eating, self-care (), toileting, and transferring. The health assessment was not dated.

On at 8:55 AM the Administrator stated that they had been feeding Resident #3 this way because this is the only way she would take her food. A review of the health assessment showed that the resident's diet order was for a puree diet.

Uncorrected Class III

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 four of four residents (Residents #1-4).

Findings included:

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On at 6:15 AM during a tour of the facility, observed the following: -an uncovered electrical socket in #. -outside on the patio and cover patio, accessible to residents, debris and trash, discarded furniture, bags filled with trash. - # , ceiling was unpainted. -Various air conditioning vents throughout the facility covered with what appeared to be dust . -blinds or curtains were missing from several . - a chair in the dining area had a cracked covering with the chair's stuffing exposed through it. - at the front of the facility, the gate was locked, preventing access and exit without a key. A second front entrance gate was locked with a padlock. On at 9:30 AM, the Owner stated that she tries to keep the facility clean, and that she was trying to do some repairs, which that is why the facility looked like that, because to keep the facility clean was a work in progress. Uncorrected 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. On at 10:00 AM during an interview with the Administrator she stated that she thought that all the employees were registered in the clearing house and she did not know why it did not show in the Internet. Uncorrected Unclassified		