STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	R 06/02/2017
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 Re-Visit Survey CCR#2017001701 was conducted on and completed . L & B Solution Care, Inc. with a Limited Mental Health component license# 11186 had the following deficiencies found at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview, the facility failed to ensure the appropriateness of continued residency for one out of six sampled residents (Resident #3). Resident#3 was unable to ambulate, eat or take medication without assistance, and required total care. Facility also failed to keep up to date Health assessments and progress notes.

Findings included:

A review of Resident's #3's health record showed that the resident had declined dramatically and no progress notes had been done about the problem that resident refused to eat since , 2017.

A review of Resident #3's record revealed: Diagnoses: with behavioral disturbance, , , , , . On all the ADL's she needs assistance with all activities of daily living, ADL's, ambulation, bathing, dressing, eating, self-care( ), toileting, and transferring. The health assessment was not dated.
Further record review showed that resident went to her health care provider every Tuesday and Thursday where her was administrated and the rest of the days the administrator could not explained who administered this medication to the resident.

On at 10:39 am, The Administrator she had not corrected this deficiency because she was going to surrender the license and AHCA did not give enough time to correct the deficiencies.

Uncorrected
Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on , record review and interview the facility failed to maintain written progress notes updated as needed for all the residents living in the facility.

Findings included:

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During record review of residents was found; resident #3, admitted on . . . . . last progress notes dated , Resident #4 admitted No progress notes, Resident #5 admitted last progress notes dated . . . . , Resident #7 admitted . . . . No progress notes, Resident #8 admitted last progress notes dated , Resident #9 admitted last progress notes dated . . . . . Further record review showed that several residents had had major charges in their health status, none of which were documented in the residents' records.

On at 11:18 AM the Administrator stated that she did not write any progress notes on a monthly basis because if the resident had not had any major charges she thought that it was not necessary to have the progress notes done.

Uncorrected Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to ensure that 6 out of 6 sampled residents were assessed for elopement and put interventions in place. Also the facility failed to have at least two elopement drills during the year.

Findings included:

Record review showed that there was no reassessment of elopement risk on all current residents in resident files.

Record review showed that there was no documentation of up-to-date elopement procedures or staff training on what steps to follow if any of the residents elope.

Record review showed that there was no documentation of elopement drills.

On at 12:00 PM the Administrator she stated that she had done the elopement drills but she did not know where she had put them because she was closing one of the facilities and she had to move all the paper work back and fort and to top it off, the agency did not give her enough time to correct the deficiencies.

Uncorrected Class III

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

Based on record review and interview the facility failed to ensure accurate documentation on the medication observation record (MOR) for 1 out of 6 sampled residents (Resident # 3).

Findings included:

A review of the medication observation records showed that on several days , medications for residents were not signed as given on the MOR.

On at 8:30 AM Staff B stated that she did not know why the other caregiver was not signing the MOR because the administrator explained to them that they were supposed to sign the MOR every time that they give the medication.

On at 10:00 AM, the Administrator stated that she could not explain the reason why the MOR was not signed and she was going to talk to the caregivers again and explained how important is to have up to date the MOR.

Uncorrected Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview, the facility failed to provide documentation of a negative examination annually for 1 out of 4 sampled staff (D).

Findings included:

A review of Staff D's personnel record showed that she did not have her annual documentation of a negative examination on file.

On at 11:00 AM on , the Administrator stated that she had the physical for this staff but because she had been moving all the paper work around because of construction she did not know where she put it.

Uncorrected Class III

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

Based on observation, record review and interview, the facility failed to ensure that one out of four

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sampled employees had received Elopement training prior to providing any personal/direct care to residents (Staff D) .

Findings included:

A review of the personnel record showed that Staff D, (hired on . . . .), did not have a training at all in her file.

On at 10:15 AM the Administrator stated that the problem was that the staff was off this day and she went home. She further stated that for some reason , Staff D kept all her personal paper work locked in a cabinet in the facility and the Administrator could not get it.

Uncorrected Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to provide documentation that one out of four sampled staff received the initial 4/hours training for assistance with self-administration of medication (Staff D).

Findings included:

During employee record review revealed that Staff D (hired on), did not have the initial 4/hours training neither the continuous 2/hours training.

On . . . . . at 10:30 AM during an interview with the administrator she stated that she knows that this employee had all her training but she must have misplaced some of the paper work and she could not find it.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report.

Findings included:

On at 12:00 PM resident #2 eloped from the facility for over a week and was found 27 miles

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away from the facility.

On at 1:11 PM a phone interview was conducted with the Hospital risk manager, who stated that Resident #2 was found by police at a bus stop in Pompano Beach. She was disoriented and and was taken to a hospital in Broward under .
A review of the hospital records for Resident #2 showed grossly , illogical and judgment severely , .

A review of the facility's record for resident #2 revealed that the resident was diagnosed with; , . Further record review showed that on at 6:15 PM was observed that the resident was not at home and at 6:30 the caregiver notified the Administrator. At 10:02 PM facility called the police to report it. On resident also eloped for a few hours and no notes neither record of it were in the facility.

A review of the incident report database showed that the incident reports had still not been filed as of .

On at 11:00 AM the administrator stated that the problem was that AHCA did not give enough time to correct the deficiency.

Uncorrected Class III

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to have signed attestations of compliance with background screening for three out of four sampled staff (B, C, and D).

Findings included:

A review of the personnel files of Staff B, C and D revealed that there was no attestation of compliance with background screening in any of them.

On at 11:00 AM the Administrator stated that the problem was that she was not given enough time to correct the deficiency and she thought that she had 30 days to correct it.

Uncorrected Class III