STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/09/2017**
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 Standard Biennial Survey was conducted on , 2017. L & B Solution Care, Inc with Limited Mental Health component license #11186 had the following deficiencies at the time of survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review and interview the facility failed to have a calendar posted and encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

Observations made on at 9:00 AM during tour found a calendar posted on the wall in the dining area. The calendar showed , 2017 with no nothing listed on it. Residents were observed throughout the day sitting in their and in the common area watching television.

On at 11:30 AM, residents gathered in the in the common area for lunch and returned to watch television. There were no activities done with the residents from 9:00 AM to 3:00 PM.

Interview on at 11:07 AM with Resident #1 stated, "I don't do any activities. I like to smoke and drink coffee is what I do for activities. I don't walk around the . I want to."

On at 11:27 AM, Resident #2 stated, "We do exercises, no games. I often say dominos. I like dominos. The are not too many that play. I need four people but they prefer to watch television."

Interview on on 11:20 AM with Resident #3 stated, "I do exercises in my . I walk in here. No bingo no dominos."

On at 3:30 PM, the Administrator acknowledged that the activity calendar was not followed.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and record review, the facility failed to have a current physician's order for the use of bed side rails for one out of four sampled residents (Resident #1). The facility also failed to follow the physician order for half bed side rails for one out of four sampled residents (Resident # 2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	08/09/2017
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)

Findings included:

On at 09:00 AM during a facility tour # was observed to have one bed with side rails and # was observed to have one bed with full side rails.

A review of Resident # 1's file revealed that there was a physician order dated for half side rails and a consent signed by the resident for the use of half side bed rails in file.

A review of Resident #2's file revealed that there was an incomplete physician's order in file stating "hospital bed with side rail" in file. The resident was not under hospice care.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure that a third party (Home Health Agency) leaves documentation in the facility of the services provided to two out of four sampled residents (Residents #1 and #2).

Findings included:

A review of the residents' files revealed that Resident #1 was receiving Flextouch 100 units/inject 32 units at bed time and Flexpen Syringe inject per sliding scale 150:0 units, 151 - 200:2 units, 201 - 250:4 units, 281 -300:6 units, 351 - 400:12 units, and call MD with last record of administration dated and Resident #2 was receiving 100 Unit/ml vial inject 5 units under the skin 3 times daily with last record of administration dated .

During an interview conducted on at 2:16 PM, Staff A stated "the nurse comes every day for for Resident #1, but Resident #2 does not have any nurse." Then, she stated "I don't have the folder here, the home health agency has it."

During and interview on at 03:54 PM, Resident #1 stated "there is another nurse who comes for the every day."

During and interview on at 04:19 PM, Resident #2 stated "the nurse gives me shot."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/09/2017**
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)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep refrigerated medications secured by keeping them in a locked container within the refrigerator.

Findings included:

On at 03:10 PM Staff B placed the container from the refrigerator on the dining and opened it without a key.

During an interview on at 03:10 PM Staff B stated "no, it does not have a key."

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview, the facility failed to have medications properly labeled.

Findings included:

On at 03:10 PM the following were observed in an unlocked container: one unlabeled Flexpen 100 units/ml 3 ml prefilled pen; one unlabeled Flexpen; one bag containing one Flexpen and one bag of Lancets for an unknown person.

During an interview on at 3:20 PM Staff A stated "everything is for the residents."

Class III

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

Based on observation and interview the facility failed to have staffing schedule.

Findings included:

On at 9:00 AM Staff B was found alone in the facility with a census of four residents. Tour done on at 9:00 AM found no staff schedule posted to verify who was working and what hours the staff works.

On at 4:30 PM the Administrator stated, "I had it on the other side but when we close there my

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/09/2017**
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)

husband packed up all the paper in one pile & I have to go through it to find it. It only two staff that work Staff B and myself."

Class III

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

Based on record review and interview, the facility failed to ensure that one out of two sampled staff received three hour Activities of Daily Living (ADL) and Behavioral Needs Training within 30 days of employment (Staff B).

Findings included:

A review of the staff's personnel file on revealed that there was no documentation of three hours ADL and Behavioral Needs Training for Staff B.

During an interview on at 11:54 AM Staff A went through the file and acknowledged that the certificate for ADL was not in the Staff's personnel file.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to maintain a 3-day supply of nonperishable food on hand at all times. The facility also failed to post and follow the menus.

Findings included:

On at 09:00 AM during a facility tour, no menus were observed in the facility. At 10:37 AM Staff B was observed preparing lunch.

During an interview on at 11:01 AM Staff A stated " I have the menu." Staff A went to her car and brought the menu with her.

Review of the facility's file revealed that the menu was not followed. The Residents were served vegetable soup and asalami sandwich. The menu stated Soup of the day 6 oz, Ham & Cheese 3 oz on bread (2 slices), Lettuce/Tomato 1 cup, fresh fruit.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	08/09/2017
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)

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

Based on observation and interview, the facility failed to provide a safe living environment free of hazards for the the residents.

Findings included:

On at 09:00 AM during a facility tour there was a broken fan on the front patio, the front door had peeling pant and black stains; the Air Conditioner vent cover was very dusty; there was a hole in the wall in # by resident #2's bed; there was a broken baseboard by # and in the dining/kitchen area; the oven hood was very dusty as well; the dining/kitchen area's walls and ceiling were covered with dust; the ceiling fan in the dining/kitchen area was so dusty that the edges were black, there were two used mattresses and several pillows on the back patio's floor, a bug was observed to be crawling on the dining , and another bug was observed on crawling on a tablet's keyboard.

During an interview on at 04:09 PM, Resident #3 stated "the bugs used to be on the bed, not anymore."

During an interview on at 04:19 PM, Resident #2 stated "There are bugs here, you don't see them in the day time, but on night time they are all over the place.

During an interview on at 05:00 PM Staff A stated "I told Staff B to dust" and then added "those are not bed bugs, Resident #1 keeps on bringing stuff he picked up outside in here, I don't have bugs here."

Class III

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

Based on record review and interview the facility failed to documented the weights semi annually for one out of two (#2) sampled residents.

Findings included:

Record review of Resident #2's file who was admitted to the facility on did not have his weight documented semiannually. The only date document was on for 190 lbs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/09/2017**
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)

Interviewed on , the Adminstrator stated, "I going to update the file. I have his weights somewhere in the pile on the other side. I have to find it."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that one out of two sampled Staff received the required Limited Mental Health (LMH) training within six months of hire (Staff B).

Findings included:

Record review on of the staff' personnel files revealed that Staff B, hired on , had no LMH Training certificate in file.

During an interview on at 11:54 AM Staff A stated "Staff B does not have it, I have it."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	**08/09/2017**
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)

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

Based on record review and interview, the facility failed to maintain a current employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database revealed that there was no employee listed in the roster.

During an interview on at 05:00 PM Staff A stated "the Agency made a mistake and closed the wrong facility."

UNCLASSIFIED