

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967542	(X3) DATE SURVEY COMPLETED R 08/28/2017
NAME OF PROVIDER OR SUPPLIER HILDA BENGOCHEA CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 335 SW 22 ROAD MIAMI, FL 33129	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 08/28/2017. Hilda Bengochea Corp. with standard license (AL11641) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to provide written records, of significant changes or illnesses which resulted in medical attention (hospitalization) for two out of three sampled residents (Resident #1 and #3).

Findings Included:

A review of Resident #1's file revealed the resident was admitted on The last progress note on file was dated on 08// and documented "the resident continues well, tranquil and good appetite and sleeping pattern."

On at 10:29 AM Staff B stated Resident #1,, yesterday, she suffered a in the morning."

A review of Resident #3's file showed that Resident #3 was admitted on And the last Resident Progress notes was dated stated the Resident was hospitalized- again he had and

On at 10:31 AM Staff B stated Resident #3 has been in the hospital since Friday night (.), because he was shaking and he had too much"

Class III

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

Based on record review and interview the facility failed to provide documentation of a negative examination required on an annual basis for one out of four sampled staff (Staff B) and failed to provide documentation of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for two out of four sampled staff (Staff C, D) and failed to provide documentation of a negative examination.

A review of Staff B's employee file revealed, the staff was hired on and the last test was

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A review of Staff C and D's employee file showed Staff C was hired on 11/11/2016 and Staff D was hired on 11/11/2016 and there was no documentation that the individual did not have any sign or symptoms of communicable disease. There was also no documentation of a negative TB examination. On 8/28/2017 at 11:15 AM Staff B stated, we will get the physical examination completed by the next inspection." Class III 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. Finding Included: On 8/28/2017 at 9:00 AM, observed Staff B working in the facility. A review of the staff schedule dated 8/28/2017 showed staff C scheduled from 7:00 AM-7:00PM and Staff D was scheduled for 7:00 PM-7:00 AM, and Staff B was scheduled on the weekend from 7:00 AM-7:00 AM. On 8/28/2017 at 9:45 AM Staff B stated "The problems was that Staff C was not available to work today so I am covering for her." Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on record review, and interview, the facility failed to have an up-to-date admission and discharge log. Findings Included: A review of the facility's admission and discharge log revealed Resident #1 was admitted on 8/28/2017. Resident #2 was admitted on 8/28/2017. Resident #3 was admitted on 8/28/2017. Resident #4 was admitted on 8/28/2017. On 8/28/2017 at 10:29 AM Staff B stated "Resident #1, 8/27/2017, yesterday, she suffered a		

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