

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965036	(X3) DATE SURVEY COMPLETED 10/06/2017
NAME OF PROVIDER OR SUPPLIER LESENDE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2308 SW 10TH ST MIAMI, FL 33135	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on _____ to _____, Lesende Home Care, license # 9704 had the following deficiencies found at the time of survey:

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

Based on observation and interview, the assisted living facility failed to ensure that the building's structure and appurtenances were maintained in good working order.

Finding Included:

On _____ at 8:49 A.M., observed that the _____ #1 and #2 a wood cabinet housing a hand sink was broken. _____ # _____'s entrance door had peeling paint and a black substance. _____ # _____ and the dining _____ peeling paint and black/yellow substances on the walls. A reclining sofa on a porch near the entrance had peeling leather.

During an interview on _____ at 2:10 P.M., the Administrator stated "I have a project to paint the house."

Class III

L240 - LMH - Licensing - 429.075

Based on record review and interview the facility failed to obtain a limited mental health license prior to providing services to one out of six sampled residents. (Resident #2).

Findings included:

A review of the facility's license revealed that facility held a standard license.

Record review revealed that Resident # 2's health assessment completed on _____, had diagnoses of: Type II (_____ type II), _____ (_____), AHTN (essential _____), O/A (_____), and _____. The resident received _____ (_____) for the amount of \$ 78.00 dollars and had a community living support and _____ agreement dated _____.

During an interview on _____ at 11:53 A.M., Resident #2's sister stated "I take my brother to the psychiatrist every month."

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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 ensure that a newly hired staff who had a break in service of more than 90 days in a position that requires screening by a specified agency submit a new level II background screening prior to starting working, for one of five sampled staff (Manager).

Findings included:

A review of Staff B's record revealed she was hired on _____, her level II background screening was completed on _____. Also, Staff B's employment application did not list previous employment.

During a phone interview on _____ at 1:20 P.M., the Manager acknowledged that she had not been an employee since 2013.

Unclassified