| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965825** | **02/26/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**DE' BLANCA HOME II** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2520 SW 102 AVENUE**<br>**MIAMI, FL 33165** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . De' Blanca Home II License #10154 with Limited Mental Health (LMH) component had the following deficiencies found at time of the survey:

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

Based on record review and interview, the facility failed to keep an up-to-date admission and discharge log.

Findings include:

A record review of the facility's admission and discharge log revealed, Resident #6 was admitted . Resident #6 was not listed on the log. Resident #7 was listed as admitted on .

On at 9:19 AM Staff A Stated "Resident #7 , , last month, the consultant is in charge of keeping the log up to date, and she might have forgot to document that."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
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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 the employment status of all employees within the clearinghouse and any changes in status reported within 10 business days.

Findings included:

A review of the background screening database revealed Staff B was not listed on the facility roster .

On at 2:08 PM during a phone interview, the administrator acknowledged the deficiencies found.

Unclassified