| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967979** | **10/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRITO'S HOME CORPORATION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7361 PINE VALLEY DRIVE**<br>**HIALEAH, FL 33015** | |

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 update it's staff roster within 10 business days of a change.

Findings included:

A review of the Background Screening Clearinghouse reflected that Staff A, B, C and D were listed. However, the facility's staffing pattern did not have Staff D listed.

On . . . . at 10:00 am Staff A stated that Staff D was not working in the facility. Staff A stated, "I need to update the facility roster, Staff D stopped working in the facility since . . . ; however, I will make the change today."

Unclassified

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967979** | **10/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRITO'S HOME CORPORATION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7361 PINE VALLEY DRIVE**<br>**HIALEAH, FL 33015** | |

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

**0000 - Initial Comments**

An abbreviated biennial survey was conducted on . . . . . at Brito's Home Corporation (license #11964). Brito's Home Corporation had deficiencies at the time of the survey:

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

Based on record review and interview, the facility failed to keep the Medication Observation Record (MOR) updated for one of five sampled Residents (#5).

Findings included:

Record review revealed that Staff B initials that medication ( . . . . . 150 mg) was given to Resident #5 at 8:00 am per Staff B. However, the MOR reflected the medication was prescribed at 6:00 pm.

Observation on at 9:07 am revealed that Resident #5's medication was still in the medication bin.

On . . . . at 9:15 am Staff B acknowledged that she made a mistake signing the MOR.

Class III

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

Based on observation, record review and interview, the facility failed to follow its staffing pattern.

Findings included:

Observation on at 8:00 am revealed Staff B on duty. However, Staff C was also scheduled, but was not present.
Observation on . at 8:20 am revealed Staff B calling Staff A by phone to come to the facility. In addition, the facility had five Residents and three (#1, #2 and #3) of them were under hospice services.

On at 9:30 am, Staff A acknowledged that the facility did not follow its staffing pattern.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967979** | **10/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRITO'S HOME CORPORATION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7361 PINE VALLEY DRIVE**<br>**HIALEAH, FL 33015** | |

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.

Findings included:

Observation on at 8:00 am revealed:

Leaking water from the ceiling of the living/office washing area.
A lose piece of wood from the patio fence.
The baseboard loose between # and the hallway.

On at 10:00 am Staff A stated, 'We are going to fix the baseboard , leaking water from the ceiling and the patio fence loose wood.'

Class III

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

Based on record review, and interview, the facility failed to have a complete admission and discharge log for (1-5) one of five sampled residents. Facility failed to have an updated activity schedule for five of five (1-5) sampled residents.

Findings included:

Observation on at 8:00 am revealed a posted activity calendar dated , 2018. In addition, the facility had five Residents (#1-5) .

Record review (admission/discharge log) revealed that the facility had six residents listed. Record review revealed that Resident #6 was living in the facility; however, the facility had five Residents (#1-5).

Interview on at 9:00 am Staff B stated, "I forget to post an updated activity calendar." Staff B confirmed that the facility did not update the admission/discharge log and that Resident #6 no longer lived in the facility since a long time ago.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967979** | **10/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRITO'S HOME CORPORATION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7361 PINE VALLEY DRIVE**<br>**HIALEAH, FL 33015** | |

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

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record review and interview, the facility failed to have an accurate health assessment for two of six sampled residents (#1 and 2).

Findings included:

Record review revealed that the facility admitted Resident #1 under hospice care on . Resident #2's health assessment dated . In addition, Resident #1's care plan from - , which reflected that Resident #1, had a sacral and upper back with care performed by hospice three time a week. However, it was missing the updated care plan with measurement and stage.

Record review revealed that the facility admitted Resident #2 under hospice care on . However, Resident #2's health assessment dated . In addition, Resident #2's daily living activities (ADLs) reflected as supervision.

Record review revealed that the facility admitted Resident #3 under hospice on . However, Resident #3's health assessment dated on . In addition, Resident #3's health assessment reflected supervision for ADLs.

On at 11:00 am Staff A stated, "Yes, the Hospices' Residents 1, 2 and 3 needed updated health assessments."

On at 9:00 am the hospice staff stated, "I am from the Agency, I am here with Resident #1 the entire night, we have a 24 hours nurse in the facility just for her, she is not doing well. She is not eating; the family comes to see her."

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on record review and interview, the facility failed to have the emergency management plan (CEMP) reviewed annually.

Findings included:

Record review revealed that the facility did not have a current CEMP approved.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**BRITO'S HOME CORPORATION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7361 PINE VALLEY DRIVE**<br>**HIALEAH, FL 33015** | |

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

Interview on . . . . . at 1:00 pm Staff A stated that she sent the CEMP, but she was still waiting for the approval.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on observation, record review and interview, the facility failed to follow it's Emergency Power Plan (EPP).

Finding included:

Observation on at 9:00 am revealed that the facility did not have least 48 hours of fuel for the generator. The facility had 11 pounds of propane, which produced 2.45 hours/minutes of energy. In addition, the facility had one container equal to five gallons of gasoline, which produced 8 hours of energy. The facility did not have the fuel stored at least 10 feet away from the facility, and it was not stored in a cabinet approved for flammable material.

Record review revealed that the facility did not have a maintenance log for the generator and the training for staffing acknowledging the EPP policy and procedure was not documented.

On . . . . . at 1:00 pm Staff A stated, that the facility was going to obtain more fuel, and would place the fuel in a cabinet approved for flammable material.

Class III