

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969455	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER BRITOS HOME II CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8603 NW 192 LN MIAMI GARDENS, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Initial Survey was conducted on _____ at Britos Home II, Corp. Deficiencies were identified at the time of survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview the facility failed to appoint in writing a manager. Findings included: Record review revealed that Staff A filed an application for an initial survey to be the administrator of a new facility. However, the Facility Provider Locator Database and the Background Screening Clearinghouse database showed that Staff A was already the administrator at another facility. Therefore, the new facility needed to have a Manager assigned. On _____ at 11:00 am Staff A acknowledged that she was currently the administrator of another facility. Record review revealed no documentation of Staff B's a high school credential, a passing CORE administrator's training certificate or updated in-services. On _____ at 11:00 am, Staff A acknowledged that Staff B had a high school certificate, but it was not at the facility. Staff A acknowledged that Staff B did not have CORE administrator's training done. In addition, Staff A stated, "I will send Staff B to have the 26 hours Core training on _____, 2018." Class III		