

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964818	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER BLUE POINT HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21910 SW 97 COURT MIAMI, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An abbreviated biennial survey was conducted on Blue Point Home Care, Inc with a limited mental health component, had the following deficiencies identified at the time of the survey: 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation and record review, the Assisted Living Facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern. Findings included: On at 7:22 AM, Staff E was on duty with six residents. There were four residents in the living room and two residents sat on the dining room. On at 7:30 AM, Staff B arrived. On at 7:50 AM, Staff E left. On at 8:06 AM, Staff F arrived. Review of Staffing Pattern showed that the administrator was on call, Staff B worked from 7 AM to 7 PM from Monday to Saturday, including Staff C was not included. Staff D and E shared the scheduled from 7 PM to 7 PM from Sunday to Friday including Staff F worked from 7 AM to 7 PM from Sunday, Tuesday, Wednesday, Thursday, and Friday and from 7 PM to 7 AM on Saturday. Class III 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on record review and interview, the Assisted Living Facility failed to have a staff member who had completed courses in First Aid and () and held a currently valid card documenting completion of those courses must be at the facility at all times for one out of six sampled staff (F). Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that she is able to perform and which is issued by an instructor		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964818	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER BLUE POINT HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21910 SW 97 COURT MIAMI, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. Findings included: Review of Staff F's personnel record showed that hire date was on . The staff had an online training for First Aid and valid from to . Review of Staffing Pattern showed that the administrator was on call, Staff B worked from 7 AM to 7 PM from Monday to Saturday, including . Staff C was not included. Staff D and E shared the scheduled from 7 PM to 7 PM from Sunday to Friday including . Staff F worked from 7 AM to 7 PM from Sunday, Tuesday, Wednesday, Thursday, and Friday and from 7 PM to 7 AM on Saturday. Staff F worked alone on Saturdays from 7 PM to AM and Saturday from 7 AM to 7 PM. On at 11:46 AM, Staff F revealed that she completed the and First Aid training online and it was the only training for First Aid and that she had. Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the Assisted Living Facility (ALF) provider failed to have a surety bond in place. The facility served as representative payee for two (Resident #1 and Resident #6) out of six sampled residents. Findings included. On at 2:14 PM, Staff B revealed that Residents #1 and #6's monthly check went into the ALF's account. The facility's name was in their checks; the facility was the payee. Resident #1's check was for \$740 and Resident #6's check was for \$750. A review of facility records revealed that there was no documentation that the facility had a surety bond . Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964818	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER BLUE POINT HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21910 SW 97 COURT MIAMI, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the Assisted Living Facility failed to store the generator at least 10 ... from the facility and failed to store 48 hours of fuel onsite. Finding included: On ... at 7:44 AM, the facility stored the generator in the garage. There was no fuel stored. On ... at 7:44 AM, Staff B stated, " No, I have no gas. I am scared. I was told that I would buy it two days before the hurricane arrives." On ... at 8:18 AM, Staff B revealed that the facility stored the generator in the garage but they will construct something outside. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964818	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER BLUE POINT HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21910 SW 97 COURT MIAMI, FL 33190	

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 Assisted Living Facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database on revealed that Staff C, hired on , was listed.

On at 7:55 AM, Staff B revealed that Staff C stopped working around . He had his and had not been able to work anymore.

Unclassified