STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966035	**02/04/2019**
NAME OF PROVIDER OR SUPPLIER **LAS BRISAS HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7401 W 34 LANE** **HIALEAH, FL 33016**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . Las Brisas Home Care had a deficiency identified at the time of the survey:

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

Based on record review and interview, the facility failed to have accurate records for one of five (#2) sampled residents.

Findings included:

Record review revealed that Resident #2's log showed that on the resident , ; on , , and , , . Further review of the record did not show any information regarding Resident #2's loss discrepancy.

Interview on at 1:00 pm Staff A acknowledged that Resident #2's had a significant loss of between and . Staff A stated, 'It has to be a mistake with the scale."

Class III