STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965711	**05/21/2019**
NAME OF PROVIDER OR SUPPLIER **BELLA LUNA RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 128 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Bella Luna Retirement Home Home II Inc. on . . . . . The provider had deficiencies identified at the time of the visit.

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility administrator failed to have passes the test to be a full CORE training in several occasions.

Findings included:

During record review showed that the Administrator did take the course several years ago , 2016, but she had failed the test and she had schedule to re-take the test on .

On at 11:00 AM the Administrator stated that she completed the course but she had not passed the certification test, and that she had schedule the test for next month. No documentation was provided.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review and interview, the facility failed to ensure that one out of four sampled staff had received 2/hours of continuing education training for assistance with self-administration of medication (Staff C).

Findings included:

Employee record review revealed that Staff C (hired . . . . .), completed the initial 4//hours of training on assistance with self-administration of medication on . There was no documentation of the additional required two hours of training.

On . . . . at 11:15 AM the Administrator stated that she had scheduled the employee to have the training done by the end of the week.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965711	**05/21/2019**
NAME OF PROVIDER OR SUPPLIER **BELLA LUNA RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 128 STREET** **MIAMI, FL 33176**	

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

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review, and interview, the facility failed to provide documentation of education in topics pertinent to nutrition and food service for one out of four (C) sampled staff who assisted in meal preparation.

Findings included:

Review of the personnel record found Staff C's documentation of the education in topics pertinent to nutrition and food service was not in the employee's record.

On [redacted] at 11:30 AM the Administrator stated that she was going to take the training by the end of the week because the staff was off on Thursday and Friday.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965711	**05/21/2019**
NAME OF PROVIDER OR SUPPLIER **BELLA LUNA RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 128 STREET** **MIAMI, FL 33176**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to add one out of four sampled staff (C) and remove one (Staff D) on it's roster in the background screening clearinghouse database.

Findings Included:

A review of Staff and facility records revealed that Staff C (hired on), was not listed on the roster and Staff D stopped working on was still listed on the roster.

On at 11:00 AM the Administrator stated that she had not gotten time to do this change but she was going to do it as soon as possible.

Unclassified