STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967979	**01/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brito's Home Corporation	**7361 Pine Valley Drive Hialeah, FL 33015**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0026-Resident Care - Social & Leisure Activities-01/21/2015
L241-Lmh - Records-01/21/2015

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey re-visit was conducted on 1/21/15. Brito's Home Corporation Assisted Living Facility had uncorrected deficiencies at time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not include evidence of negative ( ) examination for 2 out of 3 (A, B) sampled staff.

Findings include:

Facility's record review on _ _ _ I/ revealed that sampled Staff A. (hire date) Staff B. (hire date I/) employee file did not include evidence of negative examination. Staff A. evidence of negative examination in the file had expired and Staff B. had expired on .

On _ _ _ I/ at 9:15 AM Staff A. stated " I will schedule our test as soon as possible. "

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brito's Home Corporation
7361 Pine Valley Drive
Hialeah, FL 33015

Revised

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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