

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942957	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER BOSAN RESIDENCE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1754 NW 6 STREET MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey conducted on . Bosan Residence Corp. with Limited Mental Health Component (License #8355) had deficiencies at time of the survey: 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the facility, which acts as representative payee for 14 residents, failed to have a surety bond in an amount equal to or twice the average monthly aggregate income or personal funds due to residents. (Residents #1-14). Findings included: A review of Resident #3's Bank Statement showed that it stated, "Bosan Residence Corp Rep Payee." A review of the facility records, which were posted on a bulletin board in the office, revealed that there was no surety bond. Interviewed on at 1:00 pm, Staff A stated, "All the residents have a personal account, and we received the payments through their account, in the same way as Resident #3." Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to provide a safe living environment. Findings included: Observation on at 10:00 am revealed that the facility wood fence at the west rear side of the house was falling. There was a broken clothes dryer; four doors stood and construction material against of the wall. In addition, there was a long piece of glass standing against the wood fence. Interview on at 10:00 am Staff A acknowledged that the facility needed to fix the wood fence and clean the west rear side. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942957	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER BOSAN RESIDENCE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1754 NW 6 STREET MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on record review and interview the facility failed to have a signed Attestation of Compliance with Background Screening in six of six staff files (Staff A - F). Findings included: A review of the staff schedule showed staff (A - F) working in the facility. A review of personnel files revealed that there was no documentation of a signed Attestation of Compliance with Background Screening in any of the six staff files. During an interview on at 1:00 PM, Staff A acknowledged that the employees did not have an Attestation of Compliance with Background Screening . Unclassified		