Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967052	A. BUILDING: _____ B. WING _____	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN JUDAS ALF GROUP, INC	8275 SW 47 TERRACE MIAMI, FL 33155

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (Complaint #2024009340) was conducted at San Judas ALF Group, INC on to . The provider had a deficiency identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the health care provider and responsible party, and maintain a written record, updated as needed, of any significant changes, and any illnesses that resulted in medical attention, for one out of seven sampled residents (Resident #7). Findings as follow: A review of Resident #7's record showed an admission date for and discharge date for . A review of the 1823 Agency for Health Care Administration health assessment	A 025		

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A 025	Continued From page 2	A 025		

dated showed medical history ( ), Lymphopenia, ( ), ( ), gait instability, history of repair of both or behavior status section revealed moderate . Special precaution section revealed precautions.

On at 10:55 AM the Administrator stated Resident #7 was transferred to the hospital. She stated while the resident was in the hospital the family observed the resident had a on her , arm and a cut on one of her . The Administrator also stated she explained to resident's family that the resident had on , she was trying to climb over the bedrail causing her to hit herself against the bedrail. She stated she explained to the family the marks on the resident may have happened when the staff hold her to prevent her from falling over the bed rail. The Administrator stated on while the resident was sitting in a wheelchair, waiting for the ambulance to pick her up to go to the hospital, she slipped to the floor and scratched her left .

A review of Resident #7 hospital record dated revealed, "Patient was agitated today, attempting to get out of her recliner. Given her agitation, was called and brought patient to ED. As per son, he has noticed some , on patient's . The patient states she but is unable to state when she . As per ALF, patient had a yesterday. Further review of the hospital record read, "Clinical Indication: - hematoma to left . Signs and Symptom: patient unable to give history. presenting with cut

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A 025	Continued From page 3 on left . . . . . Signs and Symptoms: Patient yesterday. Unwitnessed. Multiple . . . . . . A review of Resident's #7 records showed no documentation in file dated , that the facility notified the the health care provider or responsible party of resident behavior of trying to climb over the bed rail causing her to hit herself against the bedrail, and staff had to hold her to prevent her from falling, which may have caused the marks. Class III	A 025		