STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	06/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Home Care Iii Corp	251 Nw 108th Street Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR# 2013004943) Survey was completed at San Judas Home Care II Corp on . There were deficiencies identified at the time of survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observations, record review, and interview the assisted living facility failed to ensure that 2 out of 4 (#3 and #4) sampled staff members had in-service training.

Findings include:

Record review found that staff #3 has been working at the facility since and she did not have the following training documentation:
-3 hours of Resident behavior and needs; Providing assistance with the activities of daily living.
-1 hour of Reporting major incidents; Reporting adverse incidents; and Facility emergency procedures.
-1 hour of Resident rights in an assisted living facility; Recognizing and reporting resident , neglect, and
And elopement training.

Observations on from 10:09 a.m. to 12:31 p.m. found that staff #4 was in the facility's kitchen preparing and service breakfast in the morning and preparing and serving lunch in the afternoon.

Record review found that staff #4 has been working for the facility since and she did not have documentation of having 1 hour in safe food handling practices.

Interview with the manager on at 11:47 a.m. confirmed that staff members #3 and #4 did not have the in-service training at the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	06/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Home Care Iii Corp	251 Nw 108th Street Miami, FL 33168	

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

0160-Records - Facility 58A-5.024(1) FAC

Based on observations, record review, and interview the assisted living facility failed to have an up to date admission log.

Findings include:

Facility tour on at 10:12 a.m. found that there were six residents. One of the residents in # was resident #1.

Record review found that the facility's admission and discharge log had resident #1 discharged as of .

Interview with the manager on at 10:34 a.m. revealed that he (resident #1) will be transferred to homestead today, because I cannot continue taking him to his doctor office Preferred Medical Homestead, PCP primary doctor. The lady from the other facility will pick him up. She stated no discharge notice given to him. She said she will give him the notice and keep him for 45 days.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the assisted living facility failed to have 1 out of 4 (#1) sampled staff members personnel record was at the facility. The facility failed to have 1 out of 4 (#4) sampled staff members freedom from communicable statement including ( ).

Findings include:

Record review found that the facility did not have a personnel record for staff #1 which included a completed application, level 2 background screening, and training documents.

Interview with the manager on at 10:20 a.m. revealed that staff #1 is my husband. He helps around the house with everything that needs to be fixed. He is not on the schedule because he is my significant other. He does not have communication with the resident but he helps with transportation, helps them move, helps them move to the facility. She was unable to provide a personnel record for staff #1 at the facility.

Record review found that staff #4 hired on did not have a freedom from communicable statement including at the facility.

Interview with the manager on at 11:48 a.m. confirmed that staff #4 did not have a physical at the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	**06/04/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Home Care Iii Corp	**251 Nw 108th Street Miami, FL 33168**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the assisted living facility failed to ensure that 1 out of 4 (staff #1) had a completed background screening prior to transporting residents to and from the facility.

Findings include:

Record review found that the facility did not have a personnel record for staff #1 which included a completed level 2 background screening. The agency's background screening website was checked for staff #1 and he had zero matches.

Interview with the manager on at 10:20 a.m. revealed that staff #1 is my husband. He helps around the house with everything that needs to be fixed. He is not on the schedule because he is my significant other. He does not have communication with the resident but he helps with transportation, helps them move, helps them move to the facility. She was unable to provide a personnel record for staff #1 at the facility. She stated that he has everything in California. He recently moved here. Has been in the business since it opened in .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
San Judas Home Care III Corp
251 Nw 108th Street
Miami, FL 33168

Re: CCR #2013004943

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 8/15/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121