STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964899	07/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Joseph Alf	16100 Sw 101 Ave Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint investigation CCR# 2013004993 was made on and . St. Joseph ALF had the following deficiencies found at time of survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide appropriate resident care and supervision to meet the needs of 1 out of 3 sampled residents by not following the directive from the health care physician regarding

Findings as follow:

Record review of the resident #1's health assessment (dated) documented the residents needed assistance and supervision with ambulation and transferring. Physical or sensory limitations: wheel chair and treatment movement assistance. The resident needed supervision with ambulation (wheelchair), assistance with transferring (wheelchair)

Further review documented resident #1 was prescribed the use a wheelchair to avoid /injuries on . Record review documented resident was using a walker instead of the prescribed wheelchair.

Review of resident #1's observation log documented the facility failed to document changes in resident's #1 ability to transfer and ambulate since

Record review also documented the facility failed to document any significant change observed on resident #1 (confirmed through interview with the administrator) after

On at about 11:00 a.m. the facility administrator (staff #1) on resident #1 was observed transferring from her the by a walker. She stated resident walked to before entering the . The administrator went on to say resident hit her head resulting in an open .

The administrator went on to say resident #1 use to walk fine, but a few months ago resident started dragging her legs which is why she sent her to the hospital. To avoid a , the administrator stated , resident #1 started using the walker and advised resident to walk short areas in the facility to supervise her better. The administrator stated assisted resident #1, holding her hand when walking out of facility to the mail box. Stated resident was doing well with the use of the walker. Stated had no prescription for the walker. The administrator stated resident never used a wheel chair.
She went on to say the resident went to Larkin hospital due to the , then was transferred to rehabilitation and

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did not return to live in the facility.

Class II

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to compete and submit an 15 day incident report to AHCA as needed.

Findings as follow:

Record review found the facility submitted a 1 day incident report to the agency on documenting the /injury of the facility resident #1 on .

Record review revealed the facility failed to submit 15 day incident report to the agency documenting the follow up investigation for the /injury regarding resident #1. Record review documented the facility made the 15 day incident report on

On at about 11:00 a.m. the facility administrator stated failed to do the 15 day incident report to AHCA, on time, due to did not know that had to do electronically. She also stated made the 15 day incident report to AHCA on .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
St Joseph Alf
16100 Sw 101 Ave
Miami, FL 33157

CCR#2013004993

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 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,

Arlene Mayo-Davis
Field Office Manager

Enclosure
XG90

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