STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	07/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Assisted Living Facility	8275 Sw 47 Terrace Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on . San Judas Assisted Living Facility had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain a complete Health Assessment for 2 out of 2 sampled residents (#5 and #6).

Findings include:

Record review for resident #5 (admitted on) and resident #6 (admitted on) last assessments (both completed on) did not include resident's diet and list of current medications prescribed to her.

Administrator acknowledged the findings on at 2:00 pm.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation on at 8:10 a.m. found the following medications unlocked under the water cooler. 2 veils of Mupirocim that belonged to Resident #6, Pata day eye drops that belonged to resident #3, cream that belonged to resident #4 and Furoracil that belonged to resident # 2.

Administrator acknowledged the findings on at 2:00 pm

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	**07/30/2013**
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L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview facility failed to obtain a current Annual living Support plan for 1 out of 1 sampled resident (#3)

Findings include;

Record review for resident # 3 revealed that she was admitted to the facility on . Health Assessment on file (dated) listed . type and . . Further review revealed that the last annual living support plan on file completed on and expired on .

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
San Judas Assisted Living Facility
8275 Sw 47 Terrace
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure 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

AMD:sy
Enclosure
XG90

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