STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965438	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
J R Family Care	1110 Northwest 134th Avenue Miami, FL 33182	

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

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial standard survey was conducted on . J R Family Care had deficiencies at time of survey.

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

Based on observation and interview the facility failed to keep medications locked all the time.

Findings as follow:

On at about 8:40 a.m. it was observed the metal cabinet in the dining containing the medication for the facility's five resident is open.

On at about 8:40 a.m.caretaker (staff #2) stated the medication cabinet was open and medications were not kept safe.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a manager.

Findings as follow:

Record review documented the facility administrator administered 2 facilities.
Record review documented the facility did not appoint a manager.
On at about 10:30 a.m. the facility administrator (staff #1) stated by phone the facility had no manager.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, and interview the facility failed to met the recommended dietary allowances.

Findings as follow:
On at about 12:10 p.m. it was observed residents eating the following at liunch:

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white rice, black beans soup, vegetables salad, cole slaw salad, banana.
Menu posted:
Meat casserole, white rice, mixed sald and fresh fruits.
Resident #2 was asked if wanted to eat meat and stated, yes.
Caretaker (staff #2) was asked why did not serve meat and answered she did not see the meat on the menu. Following that stated that will cook the meat for residents and started to do it.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to have orders for services for 1 (#1) of 5 facility residents.

Findings as follow:

On at about 8:40 a.m. it was observed resident #1 in bed awake.

Record review (Case management/care coordination/comunication log) documented resident received the services of a home health agency for care).

Record review documented the facility failed to have the order for the Home Health services.

Record review documented the facility failed to have the Plan of Care for the care.

Record review docuemnted resident #2 was receiving home health services for .

Record review documented the facility failed to have the Doctor orders and plan of care for home health services for resident #2.

On at about 10:00 a.m. staff #2 (caretaker) stated resident #1 was receiving the services of a Nurse from a Home Health services for care. Staff #2 also stated resident #2 was receiving home health services for administration. Staff stated the facility failed to have Doctor orders and plan of care for Home health services.

On at about 11:00 a.m. talked to LPN from home health services (by phone) who stated went to facility every other day for care to resident #1. LPN stated would bring a copy of Care Plan to facility.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on interview and record review the facility failed to have a contract between facility and resident that accurately reflected monthly charges to resident.

Findings as follow:

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On at about 9:00 a.m. during interview resident #3 stated the facility charged $1133.00 for services every month.

On at about 10:00 a.m. the facility administrator stated (By phone) was charging resident #3 $1133.00 a month for services every month. The facility administrator stated the contract was not reflecting the amount resident #3 is paying.

Record review documented the contract between facility and resident signed by resident #3 on stated resident paid $970.00 a month

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
J R Family Care
1110 Northwest 134th Avenue
Miami, FL 33182

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 12/12/13 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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