STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963894	01/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jackson North Cmhc -- Serenity	480 Nw 123 Street Miami, FL 33168	

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

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted at Jackson North- Serenity on , 2014. Deficient practice was identified at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the Medication Observation Records (MORs) for 1 out of 6 residents (#4) was updated immediately after assistance.

Findings include:

Record review of resident #4's MORs revealed the slot for the medication on dates , 2014 and , 2014 were blank.

On at 1:35 PM, the administrator acknowledged resident #4's MORs had not been updated for the medication on dates , 2014 and , 2014. The administrator further acknowledged that resident #4 had taken the medication on the morning of , 2014 and , 2014.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that training documentation for 4 out of 4 personnel (A, B, C, D) included the number of hours of the training program.

Findings include:

A review of the staff A, B, C, and D training documentation (certificates & transcripts) for Elopement Response, Residents Rights, Recognizing/Reporting Neglect & , Emergency Preparedness, Incident Reporting, ADLs & Behavioral Needs, , Control, Medication training, Nutritional & Safety Food Handling revealed the number of hours were not included.

On at 12:51 PM, the administrator acknowledged the training documentation for staff A, B, C, and D did not include the number of hours.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Jackson North Cmhc -- Serenity
480 Nw 123 Street
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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

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