STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	01/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bj Home Care Inc	2218 Sw 26 Lane Miami, FL 33133	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated biennial survey was conducted on . BJ Home Care had deficiencies at the time of the survey.

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

Based on record review and interview the Assisted Living Facility failed to a completed health assessment for 1 out of 6 sampled residents (#1).

Findings include:

Record review for resident #1's file revealed that resident #1 was admitted to the facility on and health assessment was missing activities of daily living: self-care ( ), toileting, transferring; no indicated communicable , bedridden, any stage , pose a danger to self or others, require 24-hour nursing or care, individual needs meet to be in an assisted living facility. Missing resident's name and date of birth on page 2, 3 and 5. Missing task: handling personal affairs, handling financial affairs, other. Missing general oversight. Missing help with taking his medications. Health assessment completed .

In an interview with administrator on at approximately 12:40 p.m. revealed that probably primary physician missed filling some areas of the heath assessment.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview the Assisted Living Facility failed to verbally prompting a resident to take medications for 1 out of 6 residents (#3) as well as facility's caregiver failed to washed hands before and after assisting resident with self-administration of medication for 1 out of 3 sampled staff (caregiver_A).

Findings include:

Observation on at 8:24 a.m. revealed that caregiver_A assisted resident #3 with self-administration of medication. Caregiver_A took medicines out of medicine cards and placed tablets on a medication cup and handled them to resident #3. Caregiver_A stated to resident #3 "here are your medicines". Caregiver_A did not wash his/her hands or use hand sanitizer before either after assisting resident #3 with self-administration of medication.

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In an interview with caregiver_A on at approximately 8:30 a.m. revealed that s/he was nervous and forgot the steps.

Class III

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

Based on observation, record review and interview the Assisted Living Facility failed to have substitutions marked before or when the meal was served.

Findings include:

Observation on at 8:20 a.m. revealed that residents #1,#2, #3, #4 and #5 sat on dining table in the dining breakfast. The following was served to residents #1,#2, #3, #4 and #5 corn flakes, coffee with milk,slide bread with margarine. No juices or orange was on the table, was not offered, no juices on storaged.

Record review revealed that the facility's menu was posted in the facility's refrigerator door in the kitchen. Menu posted indicated that the following was to be served: Food served nutritionally adequate. Menus: Pinneapple (4oz), corn flakes (3/4c), slices breadw/ margarine (2), coffee/ tea (8oz), orange (1), coffee w/ milk (8oz), slide bread with margarite (2). No substitutions were marked before or when the meal was served.

Administrator acknowledged the findings on at 12:40 p.m.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the Assisted Living Facility failed to have a minimum of 3 hours of continuing education biennially related mental health diagnosis, mental health treatments for one out of three sampled staffs (administrator).

Findings include:

Record review of administrator's personnel file revealed that Limited Mental Health training was received on / and on .

In an interview with administrator on at 12:25 p.m. revealed that s/he did not time to schedule for limited mental health training class because of the holidays.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bj Home Care Inc
2218 Sw 26 Lane
Miami, FL 33133

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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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