STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967308	**06/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Joz-Brick Luxury Villas, Corp	**11901 Nw 4 Street Miami, FL 33182**	
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . The Joz-Brick Luxury Villas Corp had the following deficiencies found at time of survey.

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

Based on record review,observation and interview, the facility failed to ensure 1 out of 7 sampled residents have a completed AHCA Form 1823 (health assessment).

Findings includes:

Observation on on , 2014 at 9:00 AM revealed resident #7 sitting in the large from herself. During the duration of the survey the resident was observed walking around the facility intermingling with other residents as well as having lunch in the facilities dining .

Record review on , 2014 found resident #7 did not have a completed health assessment.

Further record review of resident #2 health assessment revealed the examining physician noted the resident needed total assistance with all activities of daily living on the health assessment dated , 2013.

Observation of resident #2 on , 2014 at 9:05 am during the tour of the facility, the resident was sitting in his wheelchair. The resident was also observed taking himself to the feeding himself. The resident did not appear to needing total assistance with activities of daily living.

Interview with the administrator on , 2014 at 11:00 am the administrator reported the resident does all activities of living living for himself and does not know why the doctor assessed him as needing total assistance with all activities of daily living.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview facility failed to protect 1 out of 7 sampled residents rights ensuring they live in a safe and clean environment.

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Findings includes:

Observation on , 2014 at 9:10 am; observed resident #1 laying in the bed while the maintenance man was painting the . The window in the open but the scent of paint engulfed the . The resident woke up and spoke to the maintenance man the . When questioned as to why the resident remained in the being painted with little to no , the staff member proceeded to move resident #1 from the .

Interview with the administrator on , 2014 at 10:00 am confirmed the resident was left in the the maintenance man was painting with little to no .

Class III

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

Based on record review and interview, the facility failed to ensure 1 out of 3 sampled employees are trained in Assistance with Self-Administration of Medications.

Findings includes:

Record review revealed employee C (Caretaker on weekend duty hired on -) did not have documentation of being trained in Assistance with Self-Administration of Medications.

Interview with administrator on at 2: 00 pm, confirmed employee C did not have training in Assistance with Self-Administration of Medications.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview the facility failed to an up to date staffing schedule.

Findings includes:

Record review revealed the facility staffing schedule was dated from to . There were no more staffing schedules on site at the time of the survey.

Interview with the administrator on at 3:30 pm, she confirmed they did not have an up to date staffing schedule.

Class III

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

Based on record review and interview the facility failed to ensure (1) 1 of of 7 sampled resident have the required admission documentation, (2) 1 out of 7 sampled residents have documentation of a Power of Attorney (POA) and (3) 5 out of 7 sampled resident have documentation of weights on an biannual basis.

Findings includes:

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1) Record review revealed resident #7 did not have a demographic sheet, a written informed consent and a resident contract.

2) Record review found resident #2 (admitted) family member has been signing all facility required documentation on his behalf without having a Power of Attorney.

3) Record review found resident #1, 3, 5, 6, and 7 needed some type of assistance with activities of daily living noted on their health assessments. Further review found there were no documented weight for these residents at time of survey.

Interview with the administrator on , 29014 at 3:00 PM confirmed the information noted above.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to 1 out of 7 sampled residents have an executed contract at time of admission.

Findings includes:

Record review found resident #7 did not have a contract executed at admission for review at time of survey.

Interview with the administrator on , 2014 at 3:00 pm, she confirmed that resident #7 did not have contract between the resident and the facility in her file.

Class III

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

Based on record review and interview facility failed to have 1 out of 3 sampled employees did not have training in LMH (Limited Mental Health).

Findings includes:

Record review revealed that employee C (Caretaker on weekend duty; hired on -) did not have documentation of being trained in the areas of LMH for 6 hours.

Interview with the administrator on , 2014 at 2: 00 pm, confirmed employee C. did not have training in LMH in his file for review at the time of the survey.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the Assisted Living Facility failed to not exceed the licensed capacity of six residents.

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Findings include:

Observation during a general tour of the facility on at 9:00 am. with caregiver B revealed that there were seven residents in the facility at the time of the survey, residents #1, #2, #3, #4, #5, #6 and #7.

Record review revealed that residents #1, #2, #3, #4, #5, #6 have agreements with the facility for living in the facility. Resident #7 did not have any documentation for review at time of the survey. The only documentation available for this resident was her medication observation record verifying the resident was receiving medication services at the facility.

Interview with administrator on at 9:45 a.m. revealed that the census of the facility at the time of the survey was 7 residents and that 7 residents live in the facility The administrator admitted that facility exceeded the amount of residents allowed by their license.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Joz-Brick Luxury Villas, Corp
11901 Nw 4 Street
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a standard biennial 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 Faciliy Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida