STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	10/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Home Care Iii Corp	251 Nw 108th Street Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. San Judas Home Care III, Corp. had deficiencies at time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure residents were able to perform activities of daily living with supervision or assistance if necessary for 1 out of 5 sampled residents (#1).

Findings included:

Record review for resident # 1 revealed that the last health assessment (AHCA form 1823 dated /) documented the resident's activities of daily living as requiring total assistance for bathing, toileting, and dressing.

Interview at 10:00 am on , 2014 with the administrator, stated "resident is able to walk and is mostly independent; the problem is that she gets depressed and then refuses to get out of bed and then we do the bathing and dressing for her. She is . I will get the doctor to do a new health assessment to reflect this."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 1 out of 4 sampled staff (# C).

Findings included:

Staff record review on / / revealed that staff # C's last statement was dated .

Interview at 1:00 pm on / with facility's manager, stated "I will make an appointment with the physician for staff # C to have a new physical examination done as soon as possible."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
San Judas Home Care Iii Corp
251 Nw 108th Street
Miami, FL 33168

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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