STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	09/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Joshua New Life Corp	18309 Sw 114 Court Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A limited nursing services monitoring survey was conducted on , 2014. Joshua New Life Corp had the following deficiencies found at time of the survey.

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination documented on an annual basis for the nurse contracted to provide limited nursing services (LNS).

Findings include:

Review of LNS nurse's record showed the last physical examination statement referring to freedom of communicable and a test with negative result on . Chest x-ray on record on explained a chest view including , and appeared normal.

In an interview on at 10:14 p.m. with nurse via telephone, nurse revealed that he went to the doctor and the doctor told him that the test was obsolete and he was going to do now a test and he will have everything ready by .

Class III

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

Based on interview and record review the Assisted Living Facility failed to havean interdisciplinary care plan as required for 1 out of 2 sampled residents (#1).

Findings include:

Record review for resident #1's file showed the reisdent was admitted to hospice on . The interdisciplinary team care plan was valid for the period - . There was no current interdisciplinary plan of care in resident #1's facility record or hospice record.

Interview with administrator on at 10:20 a.m. stated that resident #1 received hospice services and knew that hospice's nurse did resident #1's interdisciplinary plan of care but it was not in the facility at the time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Joshua New Life Corp
18309 Sw 114 Court
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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