STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966189	11/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jennifer's Home Care, Inc.	7100 NW 76 Drive Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure Survey was conducted on at Jennifer's Home Care, Inc. The facility had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and interviews, the facility failed to ensure that 1 out of 5 residents (Resident #5) met the required admission criteria.

The Findings Include:

Record review indicates Resident #5 was admitted to the facility on with a diagnosis of Parkinson's

Further review conducted of Resident #5 current Health Assessment (AHCA form 1823) dated indicates he requires 24-hour nursing supervision. The word 'nursing' is underlined on the form. His 1823 documents under Nursing Services that he is a total care patient with all Activities of Daily Living (ADLs). Section 1, A, on the form indicates the resident needs assistance with ambulation, bathing, dressing, eating, toileting, and transferring.

Review of the resident's Hospice Appropriateness Evaluation/Comprehensive Assessment dated documents that the resident is non-ambulatory, with a reduced appetite, and at risk for It further documents that the patient needs total care.

The Administrator stated on at 1:48 PM that she had placed a phone call to Resident #5's family member to return the Hospice consent form. She stated that Resident #5 does not need 24-hour nursing supervision and that this was an error.

In an interview conducted on at 4:40 PM, Resident #5's family member stated he/she needed additional information before consenting to Hospice Services.

Class III

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0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure that the current Health Assessments (AHCA form 1823) were completed thoroughly and reflective of the current health status for 4 out of 5 residents (Resident #1, #2, #3 and #5).

The Findings Include:

1. Record review revealed Resident #2 and #4's current AHCA form 1823, dated . . . and respectively, did not list what type of assistance they needed with medication. In an interview conducted on . . . at 1:40 PM, the Administrator stated that both residents need assistance with medication administration. She acknowledged the fact that AHCA form 1823 did not reflect this. Further record review revealed the file did not contain any documentation regarding aforementioned information.

2. Resident 1's AHCA form 1823 dated . . . documented that she needs medication administration. The Administrator stated on at 1:40 PM that Resident #1 needs assistance with medication and that this was an error on the form. Further record review revealed the file did not contain any documentation regarding aforementioned information.

3. Resident #5's AHCA form 1823 dated . . was blank where the form indicates if there are any . . . . . The AHCA form 1823 does not indicate what type of assistance Resident #5 requires with medication. In an interview conducted on . . at approximately 1:40 PM, the Administrator stated the resident does not have any . . . . . She stated Resident #5 needs assistance with medication. Further record review revealed the file did not contain any documentation regarding aforementioned information.

During an interview with the Administrator at 1:45 PM on she acknowledged aforementioned and stated no further documentation was available for review.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 2 out of 3 sampled employees (Staff B and C), who provide direct care to residents, had an annual physician's statement documenting they were free from . . . .

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The Findings Include:

Employee record review revealed Staff B (hire date and Staff C (hire date did not have a current physician's statement indicating they were free from . Staff B did not have a statement on file. Staff C's last test in her personnel file was dated .

In an interview conducted on at 1:48 PM, the Administrator acknowledged the findings.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interviews, the facility failed to ensure that 1 out of 3 employees (Staff A) completed a 4-hour initial education class on assistance with medication and medication administration.

The Findings Include:

Employee record review revealed that Staff A (hire date did not have a certificate indicating she completed a 4-hour education course on assistance with self-administered medication and medication management. A certificate dated was found in Staff A's file indicating she had completed a 2-hour continuing education course on the aforementioned topic.

In an interview conducted on at 11:16 AM, Staff A stated she assists residents with their medications. Staff A stated on at approximately 1:40 PM that she had completed the 4-hour training but did not have the certificate available. The Administrator acknowledged the findings.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview, the facility failed to ensure that 2 out of 2 resident contracts (Resident #2 and #5) reviewed included information regarding a 30-day written notice for any rate increase.

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The Findings Include:

A record review of contracts for Resident #2 and #5 revealed there was no verbiage indicating a 30-day written notice must be given before any rate increase.

In an interview conducted on ... at 1:40 PM, the Administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Jennifer's Home Care, Inc.
7100 NW 76 Drive
Tamarac, FL 33321

RE: Reliscensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on
2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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