STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964899	11/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Joseph Alf	16100 Sw 101 Ave Miami, FL 33157	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on ', 2014. St Joseph ALF had deficiencies found at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that the health assessment for 1 out of 2 (#1) sampled residents addressed the following: mental health diagnosis history, any special diet required by the individual, a list of current medications prescribed, and whether the individual will require any assistance with medication.

Findings included:

Record review of resident #1's (admitted to the facility on ') most recent health assessment revealed it was completed on ', 2013. Further record review revealed the following was not addressed: mental health diagnosis history, any special diet required by resident #1, a list of current medications prescribed, and whether the resident #1 will require any assistance with medications.

On ', 2014 at 12:40 PM, the administrator acknowledged resident #1's most recent health assessment was incomplete.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure the centrally stored medications for 3 out of 3 (#1, #2, #3) residents were kept separate from the medications of other residents.

Findings included:

Observation conducted at ', 2014 at 10 AM revealed the centrally stored medications were kept in a locked cabinet. Further observation revealed the centrally stored medications for the resident were not kept separate from other residents.

On ', 2014 at 10:21 AM, the administrator acknowledged the medications for resident #1, #2, #3 were not kept separate from other residents and stated that she separated the medications by morning, afternoon, and

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night.

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 4 staff (A,B) obtained an annual negative examination.

Findings included:

Record review revealed the last documented evidence of a negative examination for staff A, and staff B are , 2013 and , 2010, respectively. Further record review revealed no documentation showing that staff A and staff B obtained negative examinations on an annual basis.

On , 2014 at 10:30 AM, staff A, the administrator, acknowledged that she and staff B files did not contain evidence of annual negative examinations at the facility.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 4 (C) staff received in-service training.

Findings included:

A review of staff C's personnel file revealed the date on her application as , 2014. A review of the 2014 staffing schedule revealed staff C hours as 7 AM- 1 PM. Record review revealed no documentation showing staff C had received 1 hour training in reporting major/adverse incidents, 1 hour resident rights, recognizing and reporting , neglect and , 3 hours of assistance with activities of daily living training.

On , 2014 at 1:15 PM, the administrator acknowledged staff C did not have the in-service training in reporting major/adverse incidents, resident rights, recognizing and reporting , neglect and assistance with activities of daily living at the facility.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 4 staff, (B, C) completed the initial 4 hour of assistance with self administration of medications training.

Findings included:

Record review of staff B and staff C revealed no documentation showing staff completed the initial 4 hour medication training.

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On , 2014 at 11:18 AM, the administrator stated that staff C did not have her 4 hour training and that she will look for staff B. On , 2014 at 1:14 PM, the administrator stated staff B did not have the 4 hr training.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to ensure the Community Living Support Plan for 1 out of 2 (#1) residents was updated annually.

Findings included:

Record review of resident #1's file revealed a community living support plan dated , 2013. Further review revealed no documentation of an updated community living support plan.

On , 2014 at 12:56 PM, the administrator acknowledged she did not have an up dated community living support plan for resident #1. The administrator stated that resident #1 had psych issues.

Class III

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

Based on record review and interview, the facility failed to ensure that 2 out of 4 staff (B, D) completed a minimum of 3 hours of continuing education in mental health training.

Findings included:

Record review of staff B and staff D file revealed no documentation showing they completed a minimum of 3 hours of continuing education mental health training.

On , 2014 at 11:07 AM, the administrator acknowledged it and stated that she have to get the copy from staff B. On , 2014 at 1:21 PM, the administrator stated that staff D had not taken the continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
St Joseph Alf
16100 Sw 101 Ave
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 10, 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
XG90

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