STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968682	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bcj Retirement Home, Inc. #2	5760 Nw 40th Terrace Coconut Creek, FL 33073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Licensure Complaint Survey CCR# 2014008777 was conducted on at BCJ Retirement Home, Inc. #2. The facility had deficiencies found at the time of the visit.

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

The Findings Include:

a) Record review of Resident #1's chart documented an admission date of . Further record review revealed Resident #1"s AHCA Form 1823 was incomplete. It was noted the the following areas were left blank on the form: date of examination, address and telephone number of the examiner. The file did not contain any documentation regarding aforementioned information. In an interview conducted on at 1:14 PM, the Administrator acknowledged the missing information on Resident #1's 1823. The Administrator stated she had no further documentation available for review regarding aforementioned.

b) Record review of Resident #4's chart indicated no facesheet or any form of documentation indicating an admission date. Further record review revealed Resident #4"s AHCA Form 1823 was not accurate. Section 2, B, of Resident #4's AHCA Form 1823 documented he/she needs Medication Administration. During an interview with the Administrator on at 1:14 PM, she stated Resident #4 needs assistance with self-administration of medication and that medication administration was checked off in error. She stated no further documentation was available for review.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interviews, the facility failed to ensure that 3 out of 4 resident contracts

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reviewed (Resident #1, #3, and #4) were completed before or at the time of admission.

The Findings Include:

1. Record review of Resident #1's chart documented an admission date of . . . . Further review of Resident #1's contract revealed a date of . with the Administrator's signature. The contract was not signed by Resident #1's family member who had stated in an interview conducted on . . . . at 12:36 PM that he/she was the Power of Attorney (POA). There was no paperwork on file designating him/her as the POA. Resident #1's family member stated he/she wanted Resident #1 to have a 30-day trial at the facility. By the time he/she was certain Resident #1 was staying at the facility he/she stated, " I never really talked about the contract with the Administrator. "

2. Record review of Resident #3's chart documented an admission date of . Further review of Resident #3 ' s contract revealed a date of . . . with no signature from her guardian. In an interview conducted on . . at 12:08 PM, Resident #3's guardian stated, " I was there (at the facility) a few times and they just didn't remind me to sign the contract. I just forgot and no one reminded me. I thought it was signed." Paperwork reviewed in the chart included a Letter of Limited Guardianship of the Person and Property.

3. Record review of Resident #4's chart indicated no facesheet documenting an admission date. Further review revealed a blank contract in her chart. In an interview conducted on . . at 1:14 PM, the Administrator stated Resident #4 ' s admission date was . The Administrator acknowledged that the contract had not been signed. When asked if there was paperwork on file designating Resident #4's POA, the Administrator stated she did not receive any.

In an interview with Resident #4's POA on . . . at 2:31 PM, he/she stated, " I've yet to see a contract."

In an interview conducted on . . . . t 11:30 AM, the Administrator acknowledged that the guardian for Resident #3 had not signed the contract. She stated, "When the guardians come here, they will sign the contract and other paperwork." She stated that Resident #4 has a family member who is to sign the contract. She stated, "I just got bits and pieces of information from him/her when he/she (Resident #4) was admitted." The Administrator acknowledged aforementioned information and stated no further documentation was available for review.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
BCJ Retirement Home, Inc. #2
5760 NW 40th Terrace
Coconut Creek, FL 33073

RE: CCR #2014008777

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2014 by a representative from 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 Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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