STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Assisted Living Facility	8275 Sw 47 Terrace Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration 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. San Judas Assisted Living had the following deficiencies at time of the survey:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have a completed and accurate health assessment for one out of six sampled residents (#5).

Findings included:

In an interview with Caregiver_A on / at 1:02 PM revealed that resident #5 self-administered her but caregiver prepared it for resident since the resident cannot see well.

In an interview with resident #5 on / at 1:15 PM revealed that she self-administered her .

Record review of resident #5 (admitted on)'s file revealed that health assessment (AHCA form 1823) dated did not have the first page completed with , height, weight, medical history and diagnosis, physical or sensory limitations, or behavioral status, nursing/treatment/ services requirement, and special precautions.

On the second page of the health assessment there was not diet order documented. The following questions were not answered: 1. A communicable which could be transmitted to other residents or staff? 2. Any , 3 or 4 pressure sores? 3. Pose a danger to self or others? 4. Require 24-hour nursing or care?

The health assessment indicated that resident#5 needed assistance with self-administration of medication and needs medication administration. The health assessment did not document details what type of medications that resident #5 needs to have administered.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

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Based on observation, record review, and interview, the Assisted Living Facility failed to limit the use of [redacted] to half-bed rail and have a doctor order and/or resident's consent for the use of bed rails for one out of six sampled residents (#2 and #4). The facility failed to have to obtain a doctor order and resident's consent to the use of full bed rail for one out of six sampled hospice residents (#6).

Findings included:

Observation on [redacted] at 1:04 PM revealed that resident #6 rested on bed in [redacted] with full bed rail up.

Record review of resident #6's file revealed that resident had a resident consent for the use of half-bed rail dated and signed on [redacted] and a doctor order in record for half bed rail dated and signed on [redacted].

Record review of resident #2's file revealed that resident #2 had a doctor order in record for full bed rail dated and signed on [redacted] and a resident consent for the use of half-bed rail that was not dated neither signed and had a sign on the side that said "N/A".

In an interview with caregiver_A on [redacted] at 1:05 PM revealed that resident #2 used both bed rails up in the same side of the bed while on bed.

In an interview with caregiver_B on [redacted] at 1:14 p.m. revealed that resident #2's family discontinued hospice services about a month ago.

Record review of resident #4's file revealed that resident #4 had a doctor's order in record for half bed rail dated and signed on [redacted] and a resident had a resident consent for the use of half-bed rail dated and signed on [redacted].

In an interview with caregiver_A on [redacted] at 1:04 PM revealed that resident #4 used both bed rails up in the same side of the bed while on bed.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that only licensed personnel assisted with [redacted] administration for one out of six sampled residents (#5).

Findings included:

In an interview with Caregiver_A on [redacted] at 1:02 PM revealed that resident #5 self-administered her [redacted] but caregiver prepared it for resident since the resident cannot see well.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with resident #5 on / at 1:15 PM revealed that she self-administered her .

Record review found the health assessment for resident #5 indicated that the resident needed assistance with self-administration of medication and needs medication administration. The health assessment did not document details what type of medications that resident #5 needs to have administered.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observation and record review, the Assisted Living Facility failed have a doctor's order for changes in administration one out of six sampled residents (#6) who required continuous .

Findings included:

Observation on / at 1:04 PM revealed that resident #6 rested on bed in # running continuously at 3 liters per minute.

Record review of resident #6's file revealed the resident received hospice services and had a doctor order for at 2 liters per minute continuous via nasal cannula for dated and signed on and another one dated and signed on dated and signed on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
San Judas Assisted Living Facility
8275 Sw 47 Terrace
Miami, FL 33155

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 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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