STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	12/11/2014
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)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-12/11/2014

Revisit Repeat Tags:
0162-Records - Resident-58a-5.024(3) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A limited nursing services survey monitoring was conducted on 11, 2014. Joshua New Life Corp still had the following deficiency at time of the survey.

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

Based on interview and record review the Assisted Living Facility had an expired interdisciplinary care plan for a hospice resident (#1).

Findings include:

Record review for resident #1 (admitted to hospice on) interdisciplinary team care plan was valid for the period -

Interview with hospice nurse on / at 3:09 PM via telephone revealed that he forgot to update hospice record with the most updated plan of care.

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 revisit survey conducted on , 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than _____

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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