STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964885	12/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jesus Home Care, Inc	3401 Sw 72 Court 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 - 0162 - 58a-5.024(3) Fac - Records - Resident 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 Survey was conducted on , 2014. Jesus Home Care, Inc 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 facility failed to have a completed health assessment within 30 days of admission for 1 out of 6 (#1)) sampled residents.

Findings include:

Record review of the admission and discharge residents resident #1 was admitted to facility on ' was listed on the log. Their files contained health assessments available for review. The health assessment both the initial and most recent have no date on them, it was missing page 3 which indicates if resident need assistance with medications and pg 5 which states Services offered.

Interview with administrator confirmed findings on at 4:00 PM resident #1 health assessment was incomplete.

Class III

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 5 (#5) sampled residents and maintain resident records with weights for 2 out of 6 (#1 and 5).

Findings include:

Record review found that the facility did not have power of attorney foe resident #5. Record review found all paper work in admission package was sign by the administrator.

Record review showed the health assessment for resident #1 (admitted on) indicates she needs total assistance with all of his activities of daily living (ADL)'s . The resident's file does not have weights recorded semi annually. The last weight were recorded on . Further record review showed Resident #5 (admitted on) health assessment for resident #5 indicates she assistance with ambulation, bathing, dressing, toileting ... ti ..nsferring. She is independent with eating and . The resident's file does not have weights recorded semi annually. The last weights recorded were on and .

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Interview on at 4:00 PM with adminstrator stated he does have a Suretly Bond. "I will contact a lawyer and see how much he will do it for me. I forgot and have not been documenting the weights"

Class: III

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

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log which identifies the mental health residents for 2 out of 6 (#5 and 6) sampled residents.

Findings include:

Record review on at 10:00 AM of the admission and discharge log has resident that are not mental health resident check off and the resident's #5 and 6 who are receiving limited mental health services were not identified on the log.

The administrator on at 3:20 PM confirmed the admission discharge log did not indicate whether or not the residents are were limited mental health.

Class III

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

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive the 3 hours update provided by or approved by the Department of Children and Families Services for 1 out of 4 (#A) sampled staff.

Finding include:

Record review on document that staff A documentation of having completed the minimum 6 hours training dated . Staff A (hired) 3 hours of continuing education was dated / . There were no other updates available for review.

Interview with the administrator on at 3:00 PM acknowledged he did not have the updated 3 hours training for LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Jesus Home Care, Inc
3401 Sw 72 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 4, 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 /f 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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