STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965802	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ksj Home Care Inc	67 East 56 Th Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on KSJ Home Care Inc had deficiencies at the time of the visit.

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

Based on observation, record review and interview the facility failed to honor resident rights and consideration for three out four sampled residents.

Findings Included:

Observation during tour on at 1:30 pm revealed that three residents (1, 4, &5) had full bed rail on their beds.

Further observation on revealed that facility had locked iron fence in each exit doors, and all the doors were locked at time of survey.

Record review on at 1:45 pm revealed that residents (1, 4, &5) have half bed rail's order in their file; however, the residents (1, 4, &5) beds had full bed rails.

An interview with Staff A on at 1:28 pm revealed that the facility iron fence were for security.

Interview on at 2:00 revealed that the administrator did not know that residents (1, 4, &5) needed to have a half bed rail instead of a full bed rail.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review, observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of five (#5) sampled residents.

Findings Inlcuded

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Record review to the Medication Observation Record (MOR) on at 1:10 pm revealed that resident #5 had medication (- 25 mg) at 2:00 pm.

Observation on at 1:56 pm revealed that staff B assisted resident #5 with self-administration of medication as followed: First, staff B took a cup of water and medication. Then, she approached to resident #5 who was seating at the main dining . Next, Staff B put the pill on resident #5 right hands; he dropped the medication in his, and Staff B took the medication (no gloves on). However, staff B did not explain the medication to resident #5. Then, Staff B did not wait to see resident #5 swallowed the pill, and she did sign the medication as given.

An interview with administrator on at 1:55 pm revealed that he acknowledged that staff B did not provide proper assistance with self-administration of medication to resident # 5.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interview the facility failed to record properly the Medication Record Review (MOR).

Findings included:

Observation during tour on at 1:00 pm revealed that resident #1 medication bingo card (30 mg) had still the pill of the 8:00 am medication.

Record review to the Medication Observation Record on at 1:20 pm revealed that resident #1 had medication (30 mg) signed as given at 8:00 am.

An interview with administrator on at 1:44 pm revealed that he also acknowledged that resident #1 did not received her (8:00 am) medication (30 mg) as it was signed in the Medication Observation Record.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview the facility failed to have an update staffing pattern in the facility.

Findings included:

Observation on at 1:30 pm revealed that the facility had a staffing pattern on the main board of the facility.

A record review on at 1:38 pm revealed that the facility have three employees including the Administrator. However, the staffing pattern had four employees available in the facility.

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An interview with the Administrator, he explained that there were three employees including him because there was another employee, but she was not working in the facility anymore. Administrator also stated, " I will change the staffing pattern. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ksj Home Care Inc
67 East 56 Th Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assusrance Monitoring survey that was conducted on , 2015 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 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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