STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967570	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Judas Home Care Ii	550 Nw 116 Terrace Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey conducted on , 2015. San Judas Home Care II had deficiencies found at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, record review, and interview the facility failed to ensure qualified staff have proof of a negative examination documented on an annual basis for 1 out of 3 (C) sampled staff members.

Findings included:

Observations made on at 9:00 AM found Staff C in facility providing care and services for a census of six residents. Staff C was observed cleaning, cooking and preparing residents meals.

Record review conducted on showed Staff C (hired) did not have documentation verifying proof of annual ( ) results. The last results for Staff C is dated and expired on .

Interview on at 3:30 PM, the Administrator stated Staff C has to get a current physical.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for staff.

Findings included:

Observations during tour on at 9:00 AM found a staffing schedule posted on wall for to . There was no staff schedule posted and available for review for the remaining month of and none for the month of .

Interview on at 11:00 AM, the Administrator stated the staff schedule needed to updated after review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
San Judas Home Care Ii
550 Nw 116 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com