STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964885	02/26/2015
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)		

Revisit Corrected Tags:
L241-Lmh - Records-02/26/2015

Revisit Repeat Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0162-Records - Resident-58a-5.024(3) Fac
L243-Lmh - Training-58a-5.0191(8) Fac

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0160-Records - Facility-58a-5.024(1) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on 02/26/15 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 2 out of 3 (#1 and #3) sampled residents.

Findings included:

Record review on showed Resident #1 was admitted on and the health assessments dated was incomplete on Section 1: If the individual needs assistance with self- administration of medication or needs total assistance with administration of medication. Further record review showed that health assessment for Resident #3 was incomplete on section 1 (D) Professional opinion if this individual's needs be met in an assisted living facility and Section 2 (B) If the Individual needs assistance with self-administration of medication or needs medication administration.

During an interview on at 1:28 PM, Administrator confirmed findings health assessment was incomplete for both resident #1 and #3.

Class III

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 obtain a annually written physician's order for the use of a Full bed rail for 1 out of 6 (# 1) sampled residents.

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Findings included:

Observation on at 1:40 PM showed that Resident #1 had Full bed rails up attached to his bed.

Record review on showed Resident # 1 did not have any written physician's order for the use of full bed rails. Further record review for Resident #1 showed that facility did not have a signed inform consent to use bed rail available for review.

During an interview on at 1:28 PM, Administrator stated " I use the Full bed rail for resident safety " . The Administrator stated that resident inform consent to use bed rail is not available for review. Administrator acknowledges the findings and she stated "I'm going to remove the bed rail immediately".

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have satisfactory sanitation inspection report issued by the county health department within the last two years.

Findings included:

Record review on showed that the last health inspection for the facility was last completed on (Unsatisfactory). The facility did not have an up to date health inspection on record at the time of the survey for review.

During an interview on at 3:30 PM, the Administrator acknowledged the findings in regards to not having an up to date health inspection at the time of the survey.

Class III

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

Based on record review and interview the facility failed to have signed inform consent to assist with self-administration of medication by unlicensed personnel for 1 of 5 (#4) sampled residents.

Findings included:

Record review on showed that resident #4 (admitted on) did not have inform consent signed by resident to receive assistance with self-administration of medications by unlicensed staff. Furthermore record review showed that Resident #4 needs assistance with self-administration of medication according health assessment (dated).

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During an interview on at 2:03 PM, the Administrator acknowledged the facility failed to have the inform consents for resident #4 signed on record.

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 for 1 out of 4 (C) sampled staffs.

Finding included:

Record review on showed that Staff C (hire) did not have documentation of 3 hours of continuing limited mental he... ...cation. The last training was dated and there were no updates available for review.

During an interview on at 2:30 PM, Administrator acknowledged that Staff C he did not have the updated 3 hours training for limited mental health (LMH).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2015by 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.

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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