STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	03/31/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAN JUDAS ASSISTED LIVING FACILITY	8275 SW 47 TERRACE MIAMI, FL 33155	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on 31st, 2015. San Judas Assisted Living Facility had the following deficiencies found at time of the survey:

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

Based on observation and record review, the Assisted Living Facility failed to have a resident consent to the use of full bed rail for one out of two sampled residents (#1).

Findings included:

Resident #1 observed on / at 9:50 AM resting on bed with full bed rails up.

Resident #1 had a resident consent for the use of half-bed rail dated and signed on . Record review found the facility did not have a signed consent from the resident for the use of full bed rails.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living Facility failed to keep centrally stored medicines locked at all times.

Findings included:

Observation on / at 9:24 AM revealed that medication cabinet in the kitchen was unlocked and it contained medicines for all residents in the facility. Residents #2 sat in the dining to medication cabinet.

In an interview with Caregiver_A on / at 9:35 AM revealed that she left the medicine cabinet opened because she took out the shampoo and forgot to close it, she did not realize it.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a health surrogate, guardian, or a power of attorney for one out of two (#1) sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	**03/31/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAN JUDAS ASSISTED LIVING FACILITY	**8275 SW 47 TERRACE MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0162 Continued From page 1

Record review found that Resident #1's son signed her resident consent for the use of half bed rail but the facility did not have any documentation that he was a health surrogate, guardian, or had a power of attorney.

Interview with the Administrator on / at 10:03 AM revealed that there was no legal document that indicated that resident's son neither granddaughter can sign or make legal decision for her.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
San Judas Assisted Living Facility
8275 Sw 47 Terrace
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services 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 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