STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910969	04/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
JESUS OF NAZARETH ALF, INC	2801-2803 SW 37TH COURT MIAMI, FL 33134	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Jesus of Nazareth Home Assisted Living Facility with Limited Mental Health services (LMH) component had the following deficiencies at time of survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure one out of ten residents have a completed health assessment.

Findings included:

Record review found resident #5 health assessment (dated) did not contain the following information:

Section 1-A the Activities Daily Living assessment was blank.
Section 1-B. Special Diets instructions were left blank.
Section 1-C. The examining physician did not notates if the resident was bedridden, has an ,3, or 4 , , pose a danger to self or other, or require 24-hour nursing or care
Section 1-D. The examining physician did not note is the individual needs can be met in an assisted living facility.
Section 2-A Ability to perform self-care tasks only had one area check (Preparing meals, all others were left blank. They were (Shopping/ Making Phone Calls/ Handling Personal Affairs/ Handling Financial Affairs/ Other).

Section 2-B. General Oversight all of the sections in this area were all blank. Section 3. page 5. this section is for the Administrator to complete. Sections 1 thru 15 were all blank. There were no signatures for the Guardian/ Administrator or Administrator's Designee were not completed.

2. Interview with the Administrator on at 4:40 pm and confirmed the findings in regards to that resident #5 did not have her assessment completed by the physician or the administration in the areas needed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Jesus Of Nazareth Alf, Inc
2801-2803 Sw 37th Court
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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