STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965802	06/10/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced monitoring visit was conducted at KSJ Home Care on . Deficiencies were found at the time of the visit.

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

Based on observation, interview and record review, the facility failed to honor resident rights for five of five sampled residents (Residents#1-5). The facility locked the front and rear exits with a deadbolt lock that residents do not have the key to, preventing five of five residents (Residents #1-5) from leaving the facility of their own accord. The facility also utilized a full bed rail on Resident #1 ' s bed which the resident was unable to remove. This prevented the resident from exiting bed.
Findings:
On at 7:08 a.m. the facility ' s front and rear gates were observed to be locked with a deadbolt lock. Staff #A was observed going back inside of the facility to get the key so that the front gate could be opened for the survey. Staff A also unlocked the deadbolt lock on the back gate so that the back yard could be inspected.
On the facility ' s Owner stated that the doors were kept locked because he was afraid that the residents " will just walk into the street. " He stated that he was especially concerned about Resident #2, because " she is new here and was found walking around the yard. "
On a review of Resident #2 ' s file revealed that no elopement history or wandering behaviors were noted on the Health Assessment form 1823 or on the facility ' s elopement assessment.
On at 7:10 a.m., a full bed rail was observed on Resident #1 ' s bed.
On a review of the resident ' s record revealed a prescription for a half bed rail.
On at 8:17 a.m., the Owner stated that he had tried to find a half bed rail because the facility had already been cited for having a full bed rail, but did not know where to get one from. He stated that he had not contacted the resident ' s medical provider or any medical supply companies for assistance in locating a half bed rail.
On record review revealed that the facility received a citation for having full bed rails and locked doors during a survey on . The facility had corrected these conditions as of , indicating full knowledge of the regulations regarding these conditions and their remedies.
Class III

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

Based on observation and interview, the facility failed to provide adequate assistance with self- administration of medication to two of five sampled residents (Residents # 1 and 5). The facility staff did not explain to the residents what medications were being given; did not observe after handing medications to a resident and therefore did not see that the medication into a chair. The staff also gave residents a hot beverage, which made it difficult .for the residents to swallow the medications. The staff person did not wash her hands between residents.
Findings:
On at 7:25 a.m., Staff A was observed assisting Resident #3 with medication. The employee did not explain to the resident what seven of the nine medications were.

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

0052 Continued From page 1

On [redacted] at 7:30 a.m., Staff A was observed assisting Resident #5 with medication. The employee did not wash her hands between assisting residents # 3 and 5, prior to assisting Resident #5. The employee did not explain to the resident what four of the six medications were.
Class III

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

Based on observation, record review and interview, the facility failed to maintain accurate medication records for five of five residents (Residents # 1-5). The staff had pre-signed all of the medication administration records for the day before the residents took the medications.
Findings:
On [redacted] at 7:20 a.m., record review revealed that all of the Medication Observation Records for that date, for Residents #1-5 had already been signed for 8:00 a.m., 2:00 p.m. and 8:00 p.m. medications. None of the residents had yet received any medications for the day.
On [redacted] at 8:30 a.m., the Owner acknowledged that Staff A had pre-signed the Medication Observation Records, stating that she did this every day so that she wouldn ' t forget to sign them later.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interviews and record review, the facility failed to provide meals that meet the nutritional standard as identified on the facility ' s menu, or to provide an appropriate substitution. The facility also filed to provide therapeutic diets as ordered by residents ' health care providers, for five of five residents (Residents # 1-5).

Findings:
On [redacted] at 7:30 a.m., Staff A was observed serving ½ toasted sandwich with margarine, hot chocolate prepared with mix and water, and coffee to Residents 1, 3 and 4 for breakfast.
A review of the menu revealed that breakfast on [redacted] should have been 4 oz. juice, ½ cup hot or cereal, 1 slice toast, 1t margarine, and 8 oz. milk.
On [redacted] at 8:45 a.m., the Owner acknowledged that the meal on the menu, or acceptable substitutes of equal nutritious value, had not been served. He stated " That ' s what they like, " regarding the toast, cocoa and coffee that they received. He further acknowledged that the menu had not been adjusted to provide a nutritious alternative which reflected resident preferences.
Record review on [redacted] revealed that Residents # 2 and 3 were prescribed a diet with no added salt. Resident #1 was prescribed a calorie controlled, no added salt diet. Resident #5 was prescribed a puree diet.
On 6/1[redacted] at 9:00 a.m., the Owner stated that he was not aware of the residents ' restrictive diets, but that he believed the food was prepared with low salt.
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 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, Heath Facility Evaluator Supervisor at (305) 593-310.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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