

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910969	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER JESUS OF NAZARETH ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Revisit conducted on 6/12/15. Jesus of Nazareth Assisted Living Facility with Limited Mental Health component had the following deficiency at time of survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility still failed to ensure that there was an accurate and complete Health Assessment (AHCA form 1823) on record for four of twelve residents (Residents #2, 4, 9 and 10).

Findings Included:

On 6/12/15, a review of Resident #2's Health Assessment (AHCA form 1823) dated 6/12/15 revealed that the assessment of whether the resident needed assistance with medication, and what type of assistance was need if any, were left blank.

On 6/12/15, a review of Resident #4's Health Assessment (AHCA form 1823) revealed that the assessment of whether the resident needed assistance with medication, and what type of assistance was need if any, were left blank.

On 6/12/15, a review of Resident #9's record revealed that a Health Assessment (AHCA form 1823) had not been completed.

During an interview on 6/12/15 at 12:15 p.m., the Administrator stated regarding Resident #9's Health Assessment: "I have it but it's not here. It's at the doctor's and they haven't faxed it back."

On 6/12/15, a review of Resident #10's Health Assessment (AHCA form 1823) dated 6/12/15 revealed that the section describing facility services to be provided to the resident was left blank. Both boxes, indicating that resident needed assistance with medication and that resident needed medication administration, were checked.

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 Revisit that was conducted on 12, 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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