STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	08/18/2015
NAME OF PROVIDER OR SUPPLIER **BJ HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2218 SW 26 LANE** **MIAMI, FL 33133**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. BJ Home Care Inc with Limited Nursing Services and Limited Mental Health components had the following deficiencies found at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the Assisted Living Facility failed to have doctor order nor for half-bed rail for one (#2) out of two sampled residents.

Findings included:

Observation on at 11:20 AM revealed that Resident #2 in # resting on bed with half-bed rail up.

Record review of Resident #2's record revealed that there was no doctor order nor consent for the use of half-bed rail.

In an interview Administrator on at 12:14 PM revealed that there was no consent to the use of half-bed rail.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview, the Assisted Living Facility failed to conduct a level 2 background screening for one out of one sampled staff member who have access to residents personal property and living areas.

Findings included:

Observation on at 11:35 AM revealed that Caregiver A was in # where Resident #1 slept.

Record review of Caregiver A's personnel file revealed that there was no documentaiton of background screening.

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In an interview with Caregiver A on at 11:42 AM revealed that she started working a week ago, she came in the morning until the afternoon. She stated that she worked just cleaning. She did not have social security number yet because she just started the process to obtain her legal papers.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bj Home Care Inc
2218 Sw 26 Lane
Miami, FL 33133

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

XG90

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