State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965438	A. Building B. Wing	8/28/2015

Name of Facility	Street Address, City, State, Zip Code
J R FAMILY CARE	1110 NORTHWEST 134TH AVENUE MIAMI, FL 33182

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC		ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC		ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	
ID Prefix **A0077** Reg. # **429.176 FS; 58A-5.019(1) F** LSC		ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	
ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 09/08/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965438	R
NAME OF PROVIDER OR SUPPLIER **J R FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1110 NORTHWEST 134TH AVENUE** **MIAMI, FL 33182**	

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

0000 Initial Comments

A Standard Biennial Survey Revisit was made on 08/28/2015. JR Family Care with Limited Nursing Services component had the following deficiencies at time of visit.

0081 Training - Staff In-Service

Based on record review and interview the facility failed to have a manager who received a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Facility' s' resident elopement response policies and procedures.

Findings as follow:

Record review documented the facility failed to have a manager trained in:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Facility's resident elopement response policies and procedures.

On at 10:25 a.m., the facility administrator stated (by phone) the manager was appointed about a month ago and acknowledge, had no the training's mentioned above.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to have a manager trained in Nutrition and food service.

Findings as follow:

Record review documented the facility failed to have a manager trained in Nutrition and Food service.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965438	R
NAME OF PROVIDER OR SUPPLIER **J R FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1110 NORTHWEST 134TH AVENUE** **MIAMI, FL 33182**	

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

On at 10:25 a.m. the facility administrator stated (by phone) the manager was appointed about a month ago and acknowledge had no the training of Nutrition and food service.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to have a personal record for the manager, containing a copy of the employment application, with references furnished.

Findings as follow:

Record review documented the facility had no a copy of an employment application for the facility manager, available for review.

On at 10:25 a.m. the facility administrator stated (by phone) that facility failed to complete an employment application for the facility manager.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
J R Family Care
1110 Northwest 134th Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial Survey Revisit conducted on 28, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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