

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966689	(X3) DATE SURVEY COMPLETED 09/01/2015
NAME OF PROVIDER OR SUPPLIER J C R ELDERLY CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9760 MEMORIAL ROAD MIAMI, FL 33152	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on 09/01/2015. J C R Elderly Care Corp with Limited Nursing Services and Limited Mental Health component had the following deficiency found at time of survey.

0078 Staffing Standards - Staff

Based on record review and interview, the Assisted Living Facility failed to have in record evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease; a negative TB examination documented on an annual basis as well as to have a copy Registered Nurse license.

Finding included:

1. Facility's record review revealed that limited nursing services agreement with Registered Nurse on 09/01/2015 and job application completed on 09/01/2015. There was no documentation of the RN's license as well as a communicable disease statement.
2. In an interview with owner on 09/01/2015 at 9:55 AM revealed that he could not find the rest of nurse's information.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
J C R Elderly Care Corp
9760 Memorial Road
Miami, FL 33152

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring Survey that was conducted on 1, 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 1, 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-Bavis, RN
Field Office Manager

AMD:kb
Enclosure

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