

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965771	(X3) DATE SURVEY COMPLETED R /
NAME OF PROVIDER OR SUPPLIER SAN JUDAS HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10720 NW 5 AVENUE MIAMI, FL 33168	

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

0000 Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 01, 2015. San Judas Home Care Corp with Limited Nursing Services and Limited Mental Health components had a deficiency found at time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed ensure the Administrators who supervised more than one facility appointed in writing a separate manager for each facility.

Findings included:

The facility appointed a Manager for the facility. The Florida health finder website showed the Manager supervised another facility as the Administrator. The facility failed to have a separate manager.

Interview on 10/19/15 at 3:00 PM with the Administrator stated, "I have two facilities and I don't have a manager them."

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965771

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility

SAN JUDAS HOME CARE CORP

Street Address, City, State, Zip Code

10720 NW 5 AVENUE
MIAMI, FL 33168

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0079		ID Prefix		ID Prefix	
Reg. # 58A-5.019(3) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date: 10/19/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
San Judas Home Care Corp
10720 Nw 5 Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial revisit survey conducted on 1, 2015 by 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

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:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone: (305) 593-3100; Fax: (305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida