STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	10/13/2015
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

An Abbreviated Biennial Survey was conducted on , 2015. BJ Home Care Inc with Limited Mental Health and Limited Nursing Services components had the following deficiencies identified at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have resident's Health Assessment completed within 60 days prior to admission into the facility or 30 days after admission to the facility for one out of two (Resident #1) sample residents.

Finding included:

Record review on / at 10:30 PM found Resident #1 was admitted on did not have the Health Assessment on record for review.

Interview conducted on / at 2:45 PM, the facility administrator acknowledged that they did not have a Health Assessment for Resident #1.

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to provide proof of a satisfactory fire inspection.

Findings included:

Record review conducted on / / at 09:30 AM showed that the most recent fire inspection was completed on / .

Interview conducted on / / at 2:45 PM, he administrator stated that he would contact the local fire office to request an inspection.

Class III

0162 Records - Resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	10/13/2015
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)

Based on record review and interview, the facility failed to have a weight record initiated at the time of the admission for one out of two (Resident #1 and Resident #7) sampled residents. The facility failed to ensure that resident records include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication for one out two sampled residents (Resident #7).

Findings include:

Review of Resident #1 and #7 records showed it did not contain documentation of their weight at the time of admission. Resident #1 was admitted on and Resident #7 was admitted on . Resident's #7 record did not have documentation of the written informed consent for unlicensed staff assisting the resident with self-administration of medications.

Interview conducted on at 2:25 PM, the facility administrator confirmed that Resident #1 and #7 records did not include their weight at the time of the admission. He stated that the staff assist Resident #7 with the self-administration of medications,

Class III

0167 Resident Contracts

Based on record review and interview, one out of two resident records reviewed (Resident #1) did not contain a resident contract with the facility executed at or prior to admission.

Findings include:

Review of Resident's #1 record showed it did not contain a resident contract with the facility executed at or prior to admission.

Interview conducted on at 2:45 PM, administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #1.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to maintain documentation of having completed at least 3 hours of Limited Mental Health continuing education for one out of four (Staff B) facility staff.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	**10/13/2015**
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)

Findings include:

Review of Staff B, caregiver records showed that she did not have documentation of having completed at least 3 hours training of Limited Mental Health continuing education. Staff B last training was dated / /.

Interview conducted on / / at 2:45 PM, administrator stated that Staff B had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class III

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 an Abbreviated Biennial 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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