AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964885	06/14/2016
NAME OF PROVIDER OR SUPPLIER **JESUS HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 SW 72 COURT** **MIAMI, FL 33155**	

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

0000 Initial Comments

An Annual Monitoring Survey was conducted on . Jesus Home Care, Inc. Assisted Living Facility with Limited Mental Health component (license #9438) had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that one out of six (#5) sampled residents met continued residency criteria. The facility also failed to have an updated health assessment that documented the changes in one out of six (#5) sampled residents' activities of daily living (ADLs).
Findings included:
During a tour of the premises on at 8:31 AM, observed Resident #5 laying down in bed with his hands and legs contracted.
Record review on showed that Resident #5's health assessment (AHCA form 1823) dated / specified that the resident needed assistance with all daily living activities (ADL ' s).
During an interview on at 9:50 AM Resident #1 stated that Resident #5 cannot walk and that staff has to do everything for him.
During an interview on at 10:01 AM, the Administrator stated that Resident #5's health condition had declined and that he does not walk. He further stated that the resident needed total care with all ADL's.
Class III

0026 Resident Care - Social & Leisure Activities

Based on record review and interview the facility failed to provide social, recreational or educational, and other activities for all residents.

Findings included:

A review of the bulletin board where the facility ' s documents were posted showed that activities scheduled posted was not for the current month but was for the month of 2016. (photo evidence)

On at 9:59 am, Resident #2 said " We do not have any activities here."

On at 11:06 am Resident #3 said "There are no activities done here."

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Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to provide a physician's order for a half bed rail , or a bed rail consent, for 1 out of 1 sampled residents (Resident #4).

Findings Include:

A review of Resident #4's file revealed that the facility did not have a doctor's order for the half bed rail or a bed rail consent in resident file.

On at 9:37 AM the Administrator confirmed that there was no documentation of a bed rail prescription or bed rail consent signed by Power of attorney for Resident #4.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility's staff did not follow the procedures outlined by statute when assisting one out of six (#3) sampled residents with self-administration of medications.
Findings included:
Observation on at 8:35 AM showed that dining table was set with breakfast and small plastic cup containing pills at one place setting. The table was unattended.
At 8:41 Am, observed Resident #3 go to the table with walker assistance. At 8:43 Am observed the resident swallow the medication in the cup at the place setting. Staff did not identify the medication to resident.
A review of the medication observation record (MOR ' s) for Resident #3's medications (81 Mg AM, 300 mg, 10mg, 50 mcg, 20 Mg, Lorazepan 0.5 mg; Nateglinide 120 mg; 25 mg) showed that the MOR was initialed by Staff (B) before the resident swallowed the medications.
During an interview on at 8:35 AM, Staff B (caregiver) acknowledged that she did initial the MOR before Resident #3 took the medication. Furthermore Staff (B) stated that she put medication at the table with breakfast every day "because he doesn ' t want me to give his medications one by one."
Class III

0054 Medication - Records

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Based on observation, record review and interview the facility failed to accurately document medication adherence on the medication observation record (MOR) for one out of six sampled residents (#3).
Findings included:
Observation on at 8:35 AM showed that dining table was set with breakfast and a small plastic cup with pills, left unattended.
Record review on showed the medication observation record (MOR) for Resident #3 (, 81 Mg AM, 300 mg, 10 mg, 50 mcg, 20 Mg, Lorazepan 0.5 mg; Nateglinide 120 mg; 25 mg) was initialed by staff before the resident swallowed the medications.
During an interview on at 8:35 AM Staff B acknowledged that she initialed the MOR before the medications were swallowed by the resident.
During an interview on at 10:30 AM, the Administrator acknowledged that the MOR was initialed by staff before Resident #3 swallowed the medications.
Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure that all medications were kept locked at all times.
Findings included:
Observation on at 8:35 AM showed that one place setting at the dining table was set with breakfast and a small plastic cup containing pills, which was left unattended.
During an interview on at 8:35 AM, Staff B stated that she put medication at the table with breakfast every day "because {Resident #3} doesn ' t want me to give his medications one by one."
During an interview on at 10:30 AM, the Administrator acknowledged that Resident #3 's medication was left unlocked and unattended by staff.
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain an accurate written staff schedule.
Findings Included:
On at 8:31 AM, Staff B was observed alone on duty, providing services to a census of six residents. Of the six, one resident (#6) need total assistance.
During an interview on at 8:48 AM, Staff B stated "I ' m here by myself but later on the Administrator will come."
On observed the Administrator arrive at 9:08 AM.

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A review of the posted staff schedule showed that it was for the month of , 2016. There was no staff schedule for , 2016.
On at 11:30 AM during an exit conference, the Administrator reviewed the staff schedule and acknowledged that it was outdated and inadequate to meet resident needs.
Class III

0082 Training -

Based on record review and interview, the facility failed to ensure that one out of three (Staff C) sampled Staff completed training on and .
Findings included:
Record review showed that there was no documentation that Staff C (hired on /) had completed / training.
On at 9:44 Am, the Administrator stated that she did not know that Staff C was missing the / training.
Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview the facility failed to follow the menu, and failed to substitute meals with comparable nutritional value. Substitutions were not noted before or when the meal was served.

Findings:

On at 8:51 AM, observed Resident #3 having toast and coffee with milk.

A review of the menu posted showed cereal, boiled egg, bread, butter and milk to be served for the day's breakfast.

On at 8:51 AM, observed that the menu did not have substitution noted before or when the meal was served to resident.

On at 10:59 am observed lunch being prepared by Staff B.

On at 10:59 am Staff B said she was cooking stew with white rice, and mixed salad for dinner.

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A review of the menu posted showed that Spanish Omelette, ham, potatoes, and onions, rice, mixed salad with dressing, and peaches for dessert were scheduled to be served for the day's dinner.

Class III

0125 Fiscal - Suretv Bonds

Based on record review and interview, the facility failed to have a surety bond in place while receiving directly deposited social security checks for three out of six (#2, #5, and #6) sampled residents.
Findings included:
Record review on showed that Resident # 2 (admitted on), Resident #5 (admitted on) and Resident #6 ' (admitted on) had their monthly Social Security checks directly deposited to the Assisting Living Facility's (ALF) bank account monthly.
During an interview on at 9:59 AM Resident #2' stated "My check is to pay for living here. My money goes to the ALF."
During an interview on at At 10:01 Am, the Administrator stated that the social security checks for three residents (# 2, 5 and 6) were direct deposited to facility's bank account. He further stated "I do not have a surety bond."
Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean living environment, free of pests, to facility residents.
Findings included:
On at 10:24 AM, observed one crawling insect resembling a cockroach climbing on the wall near the dining table. The Administrator smashed the insect on the floor with his phone.
On at 10:24 AM, observed insects behind the dining table.
During an interview on at 10:26 AM, the Administrator stated "I do not have pest control documentation. We did not fumigate the facility. We just clean with Clorox or other products."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Jesus Home Care, Inc
3401 Sw 72 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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