STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964885	R
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

A Revisit Survey was conducted on 08/05/16. Jesus Home Care, Inc. Assisted Living Facility with Limited Mental Health component, license # had the following deficiencies at time of the survey:

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to keep medications locked up at all times for one out of six (#1) sampled residents.
Findings included:
On at 9:30 AM observed unlocked medication for Resident #2 '(admitted on) in the refrigerator door compartment. Medications: 10 GM/15 ML Solutio, takes 15 ml 2 times a day; Acepheh 650 MG Suppositories and stomach Relief Subsalicylate 1050 mg per 30 ml.
During an interview on at 9:34 AM, the Administrator stated "This medication was ordered by hospice for Resident #2 ' . I did have the locked box here. I have two of the boxes."
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 revisit survey conducted on , 2016 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2016.**

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/sb
Enclosure

BBT7

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