RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
San Judas Home Care Iii Corp
251 Nw 108th Street
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	09/08/2016
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS HOME CARE III CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **251 NW 108TH STREET** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. San Judas Home Care III Corp License # 12298 with Limited Mental Health component 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 health assessments for five out of seven (#1, 2, 4, 5, and 6) sampled residents.

Findings included:

Record review on found that the facility had no files available for review for Resident's #1, 2, 4, 5, and 6. The facility's admission and discharge log was not available for review to verify when residents were admitted.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Class III

0009 Admissions - Admission Package

Based on resident record review and interview the facility failed to have admission packages for seven out of seven (#1, 2, 3, 4, 5, 6, and 7) sampled residents.

Findings included:

Record review found the facility was unable to provide any documentation for Residents #1, 2, 3, 4, 5, 6, and 7 which include:

1. The facility contract which would detail the daily, weekly or monthly charge to reside in the facility the services, supplies, and accommodations provided by the facility for that rate.
2. The policy concerning
3. The facility rules and regulations must follow.
4. Food service and the ability of the facility to accommodate special diets.
5. The availability of transportation and additional costs to the resident, if there is any.

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6. Any other special services that are provided by the facility and additional cost if there is any.
7. Social and leisure activities generally offered by the facility;
8. Any services that the facility does not provide but will arrange for the resident and additional cost, if any.
9. A copy of the facility's resident elopement response policies and procedures.
10. A copy of the resident's bill of rights.

The facility's admission and discharge log was not available for review to verify when residents were admitted.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to have written orders and signed consents for the use of half bed rails for one out of seven (#4) sampled residents. The facility also failed to limit the use of physical to half bed rails for one out of seven (#5) sampled residents.

Findings included:

A tour conducted on at 8:00 AM found # 1 the bed for Resident #4 has a half bed rail. # found a full bed rail on Resident #5's.

Record review on Resident's #4 and 5's file could not be review because the facility staff could not access them.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure medications must be centrally stored and kept in a locked area at all times.

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Findings included:

During tour on / at 8:00 AM of the kitchen refrigerator door found unlocked medications (Vino Carne Hierro Dietary Supplement, Children's , and Thick Now Power).

Interview on at 11:00 AM with Staff B stated, "they are not for the residents. It's for the staff."

Class III

0079 Staffing Standards - Levels

Based on observation and interview the facility failed to provide access to facility files required during the facility survey. The facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings included:

Observations on at 8:00 AM during tour of the office found the doors locked.

The facility's admission and discharge log, resident record which included admission package, contracts, consents, and orders were not available for review to verify when residents during survey process. Staff were unable to access the resident files.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Observation on / at 8:25 AM revealed that current staffing pattern posted show all staff working morning hours and no staff working evenings and night.

Interview conducted on at 10: 00 AM with Staff B stated the Staff C work until 7 PM and Staff D work nights."

Class III

0160 Records - Facility

Based on observation, record review, and interview the facility have a admission and discharge log and

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an annual satisfactory fire inspection report.

Findings included:

Observation on at 8:00 AM during tour found a total of seven residents residing at the facility.

The facility's admission and discharge log was not available for review to verify when residents were admitted.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Posted on the wall the fire inspection shows it has expired on on to .

Interview at 9:00 AM with Staff B stated "It has not come yet."

Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed maintain resident records on premises and failed to have a doctor's order for puree meal for one out of seven (#4) sampled residents. Findings included:

Records for the residents (#1-7) were not available during the survey process.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Observations made on at 12:00 PM observed Resident #5 was served a blended meal.

Record review revealed that the facility did not have a blended or puree doctor's diet order. The facility did not have a doctor's order for changes to resident #4's diet order.

Class III

0167 Resident Contracts

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Based on record review and interview the facility failed to have a contract between seven out of seven (#1, 2, 3, 4, 5, 6, and 7) sampled residents living at the facility.

Findings included:

Record review found the facility did not have resident (#1-7) contracts available fore review. Staff were unable to access the resident files.

Interview on at 9:00 AM with Staff B (Administrator's daughter) stated, "The files are in the office and I do not have the key. My mother has it and she is at the hospital."

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure the staff who are in direct contact with mental health residents receive the 6 hours minimum training provided by or approved by the Department of Children and Families Services for one out of four (C) sampled staff.

Finding included:

Record review conducted on revealed Staff C (hired)'s file contained no documentation of having completed the 3 hours limited mental health (LMH) update training. The last training documented is for 8 hours and dated .

Interview with the Staff B on at 2:45 PM acknowledged Staff C did not have the training for LMH.

Class III

Z828 Administrative Fines: Violations

Based on observations, record review, and interview the facility had a census of seven residents and exceeded it licensed capacity of six residents.

Findings included:

Tour conducted on at 8:00 AM with the Staff C found the following:
has Resident #5 & 6

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has Resident #7 & 3
has Resident #1 & 4
has Resident #2
During the tour all seven residents has their clothing was found in the closet.

Staff C confirmed on after the tour that the facility had 7 residents instead of 6 residents.

Record review of the medication book found documentation of seven residents receiving medications for , 2016 to , 2016. Medication reconciliation has medication found in cabinet for seven residents.

Interviews conducted on / with Residents #1, 2, 3, and 7 confirmed they live at the facility.

Family interviews done on for Residents # 4, 5, and 6 confirmed their family members currently live at the facility.

Interview with Staff B on at 12:00 PM confirmed their is seven resident residing in the facility.
Unclassified