RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
M & J Quality Care, Llc
13231 Sw 278 Terrace
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 28, 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 , 2017.** 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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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967433	**11/28/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & J QUALITY CARE, LLC	**13231 SW 278 TERRACE HOMESTEAD, FL 33032**

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to register all employee in the Background Screening Clearinghouse.

Findings Include:

On 11/28/16 between 8:15 am and 1:00 pm, observed the Administrator and staff B at the facility.

A review of the personal records showed that the facility has four employees plus the Administrator working. A review of the facility's roster in the Background Screening Clearinghouse database showed that the facility had not registered any employees.

On / / at 1:00 PM during an interview with the Administrator she stated that she did not know that she had to register all the facility staff on the clearinghouse roster, and that she was going to do it as soon as possible.

Unclassified

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0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/28/16. M & J Quality Care Llc with a Standard License #11517 had the following deficiencies found at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide documentation of a negative ( ) examination for two of five sampled staff (Employee B and C).

Findings included:

On / at 11:30 AM record review of Employees B and C's files revealed that there was no documentation of a written statement from a health care provider documenting freedom from communicable , with no evidence of a negative . The record of examination found in the files stated that the test was not done.

On / at 11:45 AM, the Administrator stated that she was aware that the employees needed the test and freedom from communicable statements and that they both were going to do it as soon as possible.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that accurately reflects its 24-hour staffing pattern for a given time period.

Findings included:

On / / at 8:15 AM, observed Staff B caring for residents and providing personal services to them.

A review of the staff schedule showed that no one was on the staff schedule to work during the day. Scheduling only showed Staff E scheduled to work the night shift, from 7:00 PM to 7:00 AM .

On / at 9:35 AM when the administrator arrived at the facility and was asked why Staff B was not on the staff schedule, she stated that she had forgotten to update the schedule.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review and interview the facility did not ensure that three out of five employees (Staff B, C and D) had received control training.

Findings included:

A review of personnel records showed that there was no documentation that staff B, (hired), Staff C, (hired date), and Staff d, (hired date) had received the control.

On at 1:00 PM, the Administrator stated that this training had been given to the employees but she did not know were she put the documentation, and that she was going to look for it.

Class III

0082 - Training - - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation of providing an education course on for three out of five sampled employees (Staff B, C and D).

Findings included:

Record review revealed that there was no documentation that staff B, (hired), Staff C, (hired date), and Staff C, (hired date) had received training.

On at 1:00 PM, the Administrator stated that this training had been given to the employees but she did not know were she put the documentation, and that she was going to look for it and/or have them re-take the training.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to provide documentation of First Aid and training for one out of five sampled staff (Staff B) .

Findings included:

A review of the personnel record for Staff B (hired) revealed that there was no documentation

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of First Aid and Training. Further record review showed that there was no documentation of what shifts Staff B was scheduled to work, or documentation that Staff B worked on shifts where there was another staff person trained in First Aid/ .

On / / at 1:00 PM, the Administrator stated that this training had been given to the employee but she did not know were she put the documentation.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure one out of five (Staff B) sampled staff to have the initial 4/hours training for assistance with self-administration of medication was not up to date.

Findings included:

On / / at 8:30 am, observed Staff B providing assistance with self-administration of medication to Resident #5.

A review of personnel records revealed that there was no documentation that Staff B (hired date /), had the initial training for assistance with self-administration of medication.

On / / at 1:00 PM, the Administrator stated that this training had been given to the employees but she did not know were she put the documentation.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have a current, Emergency Management Plan.

Findings included:

Record review showed that there was no current Emergency Management.

On / / at 1:00 PM, the Administrator that she was going to find the reason why the facility did not have a current Emergency Management because she had paid for it already.

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Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure one out of five sampled residents (#4) to have a Power of Attorney (POA), Surrogate or Guardianship documentation in their charts.

Findings included:

On / / at 10:45 AM, record review found resident #4, her sister signed the documents without a POA/Surrogate or Guardianship notarized properly. No Power of attorney was found on the resident's record.

On / / at 10:50 AM during an interview with Administrator, she stated that she had not received a POA from the sister and that she was going to request one as soon as possible.

Class III