STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964885	**01/31/2017**
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 Standard Biennial Survey was conducted on , 2017. Jesus Home Care, Inc License #9438 with the Limited Mental Health component had the following deficiency identified at time of the survey:

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

Based on record review and interview, the facility failed to provide documentation of a valid power of attorney authorization for one out of five (#1) sampled residents.

Findings included:

A review of Resident #1's record showed that the admission documents had been signed by the resident's son. The facility had no documentation that the son was the appointed power of attorney for the resident.

Interviewed on at 11:30 AM, the Administrator stated, "I have the power of attorney. I will have to find it or ask the son for a new one."

Class III