

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967570	(X3) DATE SURVEY COMPLETED 04/10/2017
NAME OF PROVIDER OR SUPPLIER SAN JUDAS HOME CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 550 NW 116 TERRACE MIAMI, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on _____, San Judas Home Care II with a Limited Mental Health License #11609 had the following deficiencies found at the time of the survey: L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview the facility failed to ensure that one out of four sampled employee (Staff C) had received the 6/hours initial training for Limited Mental Health.. Findings included: Employee record review found Staff C, hired date _____, had not taken the initial 6/hours training within six months of employment. On _____ at 11:05 AM during an interview the Administrator stated she knew about this and Staff C is schedule to take the training on _____. Class III		

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

Based on record review and interview the facility failed to ensure that staff was registered and/or removed with the clearinghouse's employee roster through the background screening database. (Staff D)

Finding included:

Record review of the clearinghouse showed Staff D was hired on _____ as caregiver. Record review found Staff D did not have an ending date for employment at the facility.

On _____ at 12:00 AM during the interview the Administrator she stated that she thought the consultant had removed this employee already from the clearing house. She had stopped working in the facility on _____.

Unclassified