STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	**05/08/2017**
NAME OF PROVIDER OR SUPPLIER **JOSHUA NEW LIFE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **18309 SW 114 COURT** **MIAMI, FL 33157**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Joshua New Life corp (AL 11622) with standard license had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have an accurate health assessment for 1 out of 6 (Resident #2) residents.

Findings as follow:

A review of Resident #2's record showed a letter from the resident's niece stating that the niece was administering the medications to the resident. Further record review showed that Resident's #2 health assessment (dated) stated that the resident needed assistance with self administration of medications.

On at 1:05 p.m. Resident #'s 2 Niece stated that she went to the facility in the mornings and in the afternoons,to administer the medications to her aunt.

On at 1:10 p.m., (Staff D) acknowledged that the health assessment for Resident #2 was inaccurate because she needed administration of medications.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on interview and record review, the facility failed to provide documentation of a surety bond equal to at least double the amount received while they served as representative payee for 1 out of 6 residents (Resident #2) .

Findings:

On at 10:00 a.m. the Assistant Administrator stated Resident's #2 benefits check was direct deposited in the facility's bank account . The Assistant Administrator stated the facility had no surety bond.

Record review showed the facility did not have documentation of a surety bond.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	**05/08/2017**
NAME OF PROVIDER OR SUPPLIER **JOSHUA NEW LIFE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **18309 SW 114 COURT** **MIAMI, FL 33157**	

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

Class III