

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967052	(X3) DATE SURVEY COMPLETED 12/21/2017
NAME OF PROVIDER OR SUPPLIER SAN JUDAS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8275 SW 47 TERRACE MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Survey (CCR #2017014664) was conducted on . San Judas Assisted Living Facility a standard license (#11145) had the following deficiencies found at the time of the survey: 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on observation, record review, and interview the facility used physical for 1 out of 6 sampled residents's bed (Resident #3). Resident #3's bed had full bed rails attached. Findings included: On at 7:35 AM during the tour of the facility, observed Resident #3 in bed with full bed rails. Resident #3 stated, "I need for them to take it off, I cannot do it by myself." On at 7:35 AM Staff B stated the reason why resident has a full bed rail was because they had to change the bed because the company who provides the service of the bed had not come to change it. Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview the facility failed to maintain the medication observation records (MORs) immediately after each time medication was offered or administered to six out of six sampled residents (1-6). Findings included: Record review of the MORs revealed was not marked as given after the residents (1-6) received their medications. On at 8:00 AM Staff B, "I gave the medications already but I forgot to mark the book, I was waiting for all the residents to finish eating breakfast." Class III 0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC Based on record review and interview the facility failed to have a current liability insurance.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967052	(X3) DATE SURVEY COMPLETED 12/21/2017
NAME OF PROVIDER OR SUPPLIER SAN JUDAS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8275 SW 47 TERRACE MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: On at 7:30 AM record review showed the liability insurance dated and expired On at 9:00 AM the Administrator stated that she had the new one but she had misplaced it and that she was going to fax it. The fax was not received by the Agency. Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on record review and interview the facility failed an emergency management plan approval on an annual basis. Findings included: Review of the emergency plan revealed that it had been approved on On at 9:00 AM the Administrator stated that they sent the emergency plan for approval on unknown date because she could not remember the date, but the facility had not receive it back. Class III		