

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967433	(X3) DATE SURVEY COMPLETED R 02/06/2018
NAME OF PROVIDER OR SUPPLIER M & J QUALITY CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13231 SW 278 TERRACE HOMESTEAD, FL 33032	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Monitoring Third Revisit Survey was conducted on, 6th, 2018. M & J Quality Care, Llc (license #11517) had the following uncorrected deficiency identified at the time of the survey: 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, interview, and record review, the Assisted Living Facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period. Findings included: Observation on at 7:25 AM revealed Staff D answered the facility's door. At 7:26 AM Staff D observed alone with five residents in the facility. On at 7:28 Staff D stated, "I am alone now because the other one is on the way." Review of facility's record revealed the, 2018 staffing pattern was posted in the bulletin board in the dining it showed that Staff D was scheduled to work on from 6 AM to 2 PM, Staff A was off, Staff B was scheduled to work on from 6 AM to 6 PM and Staff C was scheduled on was off and Administrator was scheduled to work on from 2 PM to 6 AM. Observation on at 8:08 AM revealed the Administrator arrived and at 8:09 AM Staff B arrived to the facility. Class III Uncorrected		

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