| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967433** | **07/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**M & J QUALITY CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13231 SW 278 TERRACE**<br>**HOMESTEAD, FL 33032** | |

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

**0000 - Initial Comments**

A Standard Monitoring Survey was conducted on , , 2018. M & J Quality Care, Llc (license #11517) had the following deficiencies identified at the time of the survey:

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview, the Assisted Living Facility failed to have a written statement from a health care provider documenting that the staff did not have any signs or symptoms of communicable for two (Staff C and E) out of five sampled Staff.

Findings included:

Review of Staff C's personnel record showed that hire date was on . There was no evidence of written statement from a health care provider documenting Staff C did not have any signs or symptoms of communicable.

Review of Staff E's personnel record showed that hire date was on . There was no evidence of written statement from a health care provider documenting Staff E did not have any signs or symptoms of communicable.

On at 1:36 PM Staff B stated, "Staff E reported that they were in the records but I don't see them."

Class III

**0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC**

Based on record review and interview, the Assisted Living Facility failed an updated background screening for one (Staff B) out of five sampled staff.

Findings included:

Review of Staff B's personnel record showed that background screening results eligibility was dated .

Review of background screening database showed Staff B's background screening results was dated

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 1:36 PM Staff B stated, "Staff E reported that they were in the records but I don't see them."

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to have an accurate health assessment for one (#5) out of five sampled residents:

Findings included:

On at 11:23 AM observed Resident #5 sitting on the family on via nasal cannula at 2 liters per minutes.

Review of Resident #5's record revealed that there was a physician certification statement completed on . Physician certification statement showed that the resident was dependent at all times and required third party assistance/ attendant to apply, administer, or regulate or adjust in route 2 liters/minute and that the resident was bed confined. The health assessment completed on showed that the resident needed assistance with self-administration of medication.

On at 11:26 AM Staff B revealed Resident #5 self-administered the . At 1:35 PM the staff revealed that she needed to pick up the order from the doctor office showing that Resident #5 was able to self-administer .

Class III