STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965438	**06/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
J R FAMILY CARE	**1110 NORTHWEST 134TH AVENUE MIAMI, FL 33182**	

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

0000 - Initial Comments

A Standard Biennial Survey was made on . JR Family Care with Limited Nursing Services had the following deficiencies at the time of visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to follow the correct procedure when assisting one out of four (#1) facility residents with self administration of medications.

Findings as follow:

On at 11:15 a.m. Staff B was observed initialing the Medication Observation Record for residents #1, #2, #3 and #4.

At 12:05 p.m. Staff B took Resident 's #1 bottles of medications from the medication cabinet, dropped pills into her bare hand, went to the kitchen with medications in her hands, took a cup, dropped medications into the cup, called resident #1 to the dining table and put cup in front of resident. Staff B stated resident takes medications after finishing lunch. Then Staff left to do other duties in facility.

Staff B did not wash her hands, touched medications with bare hands, did not prompt medications to resident, did not observe resident swallowed medications.

Record review (MOR) documented, the following medications administered to resident #1 at 12:05 p.m. were ordered for 8 am:
40 mg tab 1 tab oral daily 8:00 a.m.
Tamsulosis 0.4 mg cap 1 cap oral daily 8:00 a.m.
10 mg tab 1 tab oral daily 8 am
POT 100 mg tab 1 tab oral daily 8 am
Rena Vita 8 am

Record review also documented medications administered to resident #1 were anotated as given in the MOR, before the administration of those medications.

On at 12:05 p.m. Staff B acknowledged she signed the medications for Resident #1, as given, before giving it to the resident and acknowledge she did not follow the correct procedure when assisting resident to take medications.

On at 2:00 p.m. the facility administrator acknowledge the findings (by phone).

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, observation and interview the facility failed to maintain an accurate Medication Observation Record (MOR) for four out of four (#1, #2, #3 and #4) facility residents.

Findings as follow:

Record review on at 10:00 a.m. found Residents #1, #2, #3 and #4 MORs for 2015 were blank (not signed).

On at 11:15 a.m. it was observed Staff B (caretaker) signing the MORs of facility residents.

Record review (MOR) documented medications administered to resident at 12:05 p.m. were already anotated as given in the MOR, (before the administration). Record review documented that medications were ordered to be given at 8 am and were administered at 12:05 p.m.

On at 12:05 p.m. Staff B acknowledged she was not keeping an accurate MOR because the pharmacy had [illegible] sending medications for the month of . Staff B added that resident #1 changed the time for medication administration from 8:00 a.m. to lunch time.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview the facility failed to have a written medication order by a health care provider for a change in directions for use fors 1 out of 4 (#1) facility residents that receive assistance with self administration of medications.

Findings as follow:

On at 12:05 p.m. it was observed Staff B assisting resident #1 with self administration of the following 8:00 a.m. medications:

40 mg tab 1 tab oral daily 8:00 a.m.
0.4 mg cap 1 cap oral daily 8:00 a.m.
10 mg tab 1 tab oral daily 8 am
POT 100 mg tab 1 tab oral daily 8 am
Rena Vita 8 am

Record review (Assessment date:) documented, resident #1 needed assistance with self administration of medications.

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

0056 Continued From page 2

Record review documented that medications administered to resident #1 at 12:05 p.m. were ordered for 8 am.

On at 12:05 p.m. Staff B acknowledged she did not follow the Doctors order by giving the medication at 8:00 a.m. as prescribed to resident #1.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to have a manager (Staff C) that does not serve as administrator in another facility.

Findings as follow:

Record review documented the facility failed to have a manager that is already administering another facility.

Record review documented Staff A (facility administrator) administers 3 facilities.

Record review documented the facility manager (Staff C) administers 1 facility.

On at 2:00 p.m. the facility administrator acknowledge the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview the facility failed to plan food services in advance and failed to review all regular and therapeutic menus to be used by the facility on an annual basis.

Findings as follow:

Record review on / at 9:00 a.m found the facility's menu posted on the kitchen refrigerator, expired on /

Record review documented the facility had no an up-to-date menu available for review.

Record review found on the ombudsman who visited the facility cited for correction, to update the menu posted, because it was expired on .

On at 10:35 a.m. Staff B stated the menu posted was expired because had no a new menu to post.

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0093 Continued From page 3

Adding that creates she the every day menu, using past menus.

On at 2:00 p.m. the facility administrator (by phone) acknowledge the findings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and interview the facility failed to ensure the facility is maintained in good repair and free of hazards.

Findings as follow:

Observation on at 9:00 a.m. found the following physical plant concerns.
The facility covered patio, where residents sit, had loose and missing screens.
The Florida # curtain blinds had some missing blade in the blinds allowing the view from outside the facility.
The door of the air conditioning in the hall leading to was loose and was not attached to the door frame.

Record review found on the ombudsman visited the facility and cited the air conditioning door was broken and needed repair for safety hazard for residents.

On at 9:10 a.m. Staff B (caretaker) stated a person came to measure the door to replace it and added that curtain blinds were repaired and broken again.

On at 2:00p.m. the facility administrator acknowledge the findings (by phone).

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have documentation of an Emergency Management Plan reviewed and approved annually, an Annual Fire Inspection, a valid liability insurance policy in forc and a satisfactory annual sanitation inspection.

Findings as follow:

Record review documented:
Facility had no an Emergency Management Plan approval letter, available for review.
Facility last Fire Inspection , documentation was dated .

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SUMMARY STATEMENT OF DEFICIENCIES
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0160 Continued From page 4

Fcaility last Sanitation Inspection available for review was dated . . /. .
Facility Liability Insurance, available for review was expired on / /

On at 2:15 p.m. the facility administrator stated (by phone), though had inspections, Emergency management Plan and Liability insurance done but did not have the documentation.

Class III

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

Based on record review and interview the facility failed to have the updated credentials for the Register Nurse in contract with facility.

Findings as follow:

Record review documented the facility holds a Standard license with Limited Nursing services.
Record review documented the facility failed to have the Nurse (under contract with facility) valid credentials.
Record review the RN credentials were expired on /
On at 2:00p.m. the facility administrator acknowledge (by phone) the Nurse credentials expired on

Class III

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

Based on record review and interview the facility failed to record 2 out of 4 (#1 and #3) resident's weights semiannually.

Findings as follow:

Record review (assessment date: . . /) documented Resident #1 needed assistance with ambulation, bathing and dressing.
Record review (assessment date:) documented resident #3 needed assistance with all the ADLs.
Record review documented the last weights recorded for resident #1 and #3 were dated
On at 2:00 p.m. the facility administrator ackowledge the facility failed to have weights recorded semiannually for residents #1 and #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
J R Family Care
1110 Northwest 134th Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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