STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965452	03/22/2016
NAME OF PROVIDER OR SUPPLIER **JACQUIS PALACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **771 W 27 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Jacquis Palace with Limited Mental Health components had the following deficiencies identified at time of the survey:

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to maintaining a written record, updated as needed, of any significant changes, any illness for one out of six sampled residents (#5).

Findings included:

Observation on at 9:30 a.m. revealed Resident #5 ' s lay on bed in (4).

Record review on / to Resident #5 ' s Form 1823 (health assessment) diagnosis reflected:

" Parkinson, HBP, , and "

Record review on to Resident #5 ' s record revealed that there was no observation or information regarding his hospitalization from / - .

Interview on at 1:50 p.m. to the Administrator stated, " I forgot to record his Hospitalization. "

Class III

0079 Staffing Standards - Levels

Based on observations, record review and interview the facility failed to have the minimum staff hours of 212 per week for a census of six residents.

Findings:

Observation on from 9:20 a.m. - 2:00 p.m. that Staff A and B works in the facility.

Record review on / to facility ' s staffing pattern show the following information:

Staff A from 7:00 a.m. - 7:00 p.m.
Staff B form 7:00 p.m. - 7:00 a.m.

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The facility's staffing pattern could not show that the facility had a minimum of 212 hours per week for a census of six residents.

The staff schedule was reviewed with the Administrator on at 12:44 p.m., who stated she was going to correct the staff schedule.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure a medication doctor ' s order for one out six (#1) residents sampled.

Findings included:

Record review on revealed that Resident #1 did not have an order from the doctor that indicate the used of medication.

Interview on to Resident #1 stated, " I have a medication named two times a months. "

Interview on at 10:00 a.m. to Administrator stated, " I only have one resident under , and a nurse comes to administer. " Further interview stated, " I do not have Resident #1 ' s order here. "

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the required Attestation regarding criminal history form in the personnel file for two of two staff (Staff # A and B).

Findings included:

Observation on / at 9:30 a.m. showed facility ' s updated staffing pattern reflects staff A-B to work in the facility.

Record review on revealed staffs A-B have their backgrounds screening in file, but the

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Attestation reference from each staffs A-B were missing.

During an interview on at 11:23 a.m. the Administrator stated, " I did not know that I have to keep the Attestation form with the staff's background screening." The Administrator acknowledged that Staff #s A andB did not have Attestation form in their files.

Unclassified

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the facility failed to maintain a current staff roster on the Background Screening Clearinghouse database within 10 days of employing staff at the facility.

Findings included:

Observation on at 9:20 am revealed that Staff B was cleaning the .

A review of AHCA ' s Background Screening Clearinghouse revealed Staff B was not listed on the facility roster.

A review of the staff schedule reflected that Staff B ' s working hours were 7:00 a.m. - 7:00 p.m.

On at 1:11 pm Staff B confirmed that she started to work at the facility on / .

On / at 1:35 pm Staff A stated revealed that she did not know that Staff B was not identified on the clearinghouse roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Jacquis Palace
771 W 27 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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