Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969623 | A. BUILDING: _____ B. WING _____ | 01/26/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JACKIE'S UNIQUE CARE RESIDENTIAL ASSISTED LI' | 3621 ARALIA CT WEST PALM BEACH, FL 33406 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>An unannounced Relicensure, Complaint (#2021017237) and Generator Monitoring survey was conducted on at Jackie's Unique Care Residential Assisted Living. The facility had deficiencies identified related to the Relicensure at the time of the survey. | A 000 | | |
| A 082 | 59A-36.011(4) FAC Training - / .<br><br>(4) . . . . . / . . . . . ( . / . . . ). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, the facility failed to ensure that 1 of 2 employees (Staff B) completed training in / .<br><br>The findings included:<br><br>Records review showed that Staff B was hired on . . . . . . The staffing schedule revealed that Staff B was on the schedule to work at the facility on multiple days. However, there was no evidence within her file indicating that she completed the one hour / training.<br><br>During an interview with Staff B on . . . . . at 10:00 AM, she did not know whether she had | A 082 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 082 | Continued From page 1<br>completed the training.<br><br>During an interview with the Administrator on at 4:15 PM, she reported she omitted to conduct this training with Employee B.<br><br>CLass III | A 082 | | |
| A 090 | 59A-36.011(11) FAC Training -<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, the facility failed to ensure that 1 of 2 employees (Staff B) completed training in policies and procedures or ( ).<br><br>The findings included:<br><br>Employee records review showed that Staff B was hired on . The staffing schedule revealed that she was on the schedule to work on multiple days. However, there was no evidence | A 090 | | |

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| A 090 | Continued From page 2<br>that she completed the one hour training.<br><br>During an interview with Staff B on ..... at 10:00 AM, she was unable to state and explain the meaning of the abbreviation ..... Staff B admitted to requiring more training.<br><br>During an interview with the Administrator on ..... at 4:15 PM, she reported she omitted to conduct this training with Employee B.<br><br>Class III | A 090 | | |