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 _____	07/01/2024

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 An unannounced Relicensure and Generartor Monitoring survey were conducted on . . . . . at Jackie's Unique Care Residential Assisted Living. The facility had deficiencies related to the Reliensure survey at the time of the visit.	A 000		
A 088	429.177 FS /Other - Disclosures Patients with . . . . 's . . . . . or other related . . . ; certain disclosures.-A facility licensed under this part which claims that it provides special care for persons who have 's . . . . . or other related . . . . . must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The facility must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with . . . . . or other related . . . . . offered by the facility and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the facility's records as part of the license renewal procedure. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure that each staff member, who provides direct care to residents with ADRD (. . . . . and Related . . . . .) Level 1 must obtain 4 hours of initial training within 3 months of hire and additionally 4 hours in ADRD Level II within 9 months of hire, for 2 of 2 sampled staff (Administrator and Staff A).	A 088		

AHCA Form 3020-0001

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

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A 088	Continued From page 1 The findings included: A review of the Administrator employee record revealed a date of hire . . . . . . A review of Staff A employee record revealed a date of Hire . . . . . . On . . . . . during interview at 3:15 PM with the Administrator she revealed she wasn't aware she and Staff A needed . . . . . 's Level 1 and Level II training. The Administrator acknowledged the findings and no documents provided. Class III	A 088		