STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967239	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Johanna's Assisted Living Inc	1958 Dorado Ln Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring visit was conducted on . Johanna's Assisted Living facility, had deficiencies found at the time of this visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and interview, the facility did not designate in writing a staff member to be in charge during periods of temporary absence of the Administrator.

The findings include:

Review of the facility personnel records, including Caregiver A's record who was scheduled to be on duty during the 1st week of 2013, did not indicate that the Administrator designated a person to be in charge during her period of temporary absence. Review of the staffing schedule marked as 2013 indicated that Caregiver A was scheduled to work in the facility and the Administrator was not scheduled to work from to .

In a telephone interview with the Administrator on at 12:30pm, she stated that she has been in the hospital for a few days giving birth, will be away from the facility for a few more days and she has not designated any person in writing to be in charge since no one currently scheduled in the facility is CORE trained to be designated as a Manager.

In an interview with Caregiver A on at 1:10PM, she stated that she does not have any written designation by the Administrator for her to be in charge of the facility while the Administrator is temporarily in the hospital.

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and interview, the facility did not update 1 out of 2 sampled resident's (Resident #1) extended congregate care (ECC) service plan.

The findings include:

Review of Resident #1's record indicated that a health assessment on with diagnoses including status, and
Review of the ECC nursing assessments dated on 2013, 2013, 2013 and 2013 indicated that the resident performed her own daily care, received monthly nursing skin checks at the site, status checks and general health monitoring.

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Review of an undated ECC service plan for the resident did not indicate status checks and nursing monitoring with skin checks or supply management by the facility.

In an interview with the ECC Supervisor on at 11:05AM, she stated that Resident #1 was a current ECC resident receiving related services, she used Resident #1's nursing assessments as her service plans and she did not have any current service plan indicating the specific level of care the resident was to receive. She also stated that the resident's undated ECC service plan is not in effect since it did not indicate the resident's specific needs.

Class III

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview, the facility did not ensure its Extended Congregate Care (ECC) Supervisor completed a 4-hour continuing education training in ECC every two years or its two direct care staff members (A and B) receive the 2-hour ECC inservice training.

The findings include:

Review of the ECC Supervisor's employee record indicated that she did not receive the required 4-hour ECC continuing education training for the last two years.

Further review of staff members A and B's records indicated that neither had received the 2-hour ECC inservice training.

In an interview with the Administrator on at 12:30PM, she stated that she did not have proof to show the ECC Supervisor received the ECC 4-hour continuing education training in the last two years or staff members' A and B to show that they received the 2-hour ECC inservice training. She also stated at this time that staff members A and B have been employed in the facility for over 6 months.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Johanna's Assisted Living Inc
1958 Dorado Lane
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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 **2013** 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 this office at 561 381-5850.

Sincerely,

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure