STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967130	12/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jacob's Ladder Family Assisted Living, Llc	**946 Brunswick Lane Rockledge, FL 32955**

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - ..... S-S= D

Specific Tag Findings:

0000-Initial Comments
A re-licensure survey with Limited Nursing Services was conducted on .....

Jacob's Ladder Family Assisted Living had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, ... 2010 included the required information for 1 of 5 sampled residents (#1).

Findings:

Review of record for resident #1 revealed the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, updated on ..... stated diagnosis of ..... left leg.

There was no documentation to indicate the resident's diet, what type of assistance was needed with medication, if the resident was free from Communicable ..... and if the resident needed 24 hour nursing supervision.

Interview with the manager on ..... at approximately 3 PM who stated she was not aware the 1823 was not completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967130	12/09/2013
NAME OF PROVIDER OR SUPPLIER **Jacob's Ladder Family Assisted Living, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **946 Brunswick Lane Rockledge, FL 32955**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure physical were limited to the use of half bed rails, used only with a biannual, written order from the resident's physician and with the consent of the resident or the resident's representative for 1 of 5 sampled residents (#3).

Findings:

Tour of the facility on at approximately 9:30 AM revealed resident #3 had 1/2 side rails in place. The resident was sitting in a chair in her stated she was unable to raise and lower the rails.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated stated diagnoses of and The resident needed assistance with bathing, dressing, eating, transferring and toileting, supervision with ambulation and was independent eating.

There was no documentation to review to indicate an order was obtained from the physician and consent was signed for the use of the rails.

Interview with the manager on at approximately 3 PM who was not aware there was no physician's order for the use of the rails and the consent was not completed.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (Staff B), who provided direct care received within 30 days of employment 3 hours of training in Activities of Daily Living and Resident Needs.

Findings:

Review of personnel files for Staff B hired in revealed there was no documentation to indicate they completed 3 hours of training in Activities of Daily Living and Resident Needs within 30 days of employment.

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NAME OF PROVIDER OR SUPPLIER **Jacob's Ladder Family Assisted Living, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **946 Brunswick Lane Rockledge, FL 32955**	
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Interview with the manager on at approximately 3 PM who stated the staff needed to have the training.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled (Staff D) completed a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment.

Findings:

Review of personnel files for Staff D hired on revealed there was no documentation the staff had completed an education course on within 30 days of employment.

Interview with the manager on at approximately 3 PM who stated she was unable to find the certificate.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Jacob's Ladder Family
Assisted Living, LLC
946 Brunswick Lane
Rockledge, FL 32955

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 , **2014,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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