STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967305	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Classy Living	5714 Plum Hollow Drive W Jacksonville, FL 32222	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial abbreviated licensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) was conducted at Classy Living in Jacksonville, Florida on , 2014. Deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that freedom from was documented annually for 1 of 2 sampled employees. (Employee B)

The findings include:

A review of the employee personnel files on revealed that Employee B's most recent documented test was dated . Employee B (owner/administrator) has been operating the facility since .

An interview with Employee B was conducted on at 12:45 PM. When asked for a current test, Employee B stated, "This is all I have.", indicating the test completed on .

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and staff interview, the facility failed to maintain a substitution log for a period of 6 months.

The findings include:

A tour of the facility on at approximately 9:15 AM revealed a white board in the living area which was completely covered by hanging forms and papers.

An interview with the administrator on at approximately 1:10 PM revealed that there was no substitution log in the facility. Further discussion confirmed that she had provided food items for Resident #1 that were not on the menu, or that were listed for different dates other than the current date on the menu. She stated that when this happened, she noted it on the white board in the living area.

Class III

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	AL11967305	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and staff interview, the facility failed to employ or contract with qualified staff to meet the needs of residents requiring Limited Nursing Services (LNS). The l any potential LNS admission.

The findings include:

A review of the LNS contract revealed that the LNS nurse was a Licensed Practical Nurse (LPN).

An interview with the administrator on at approximately 9:30 AM revealed that she was unaware that a LPN could not complete a monthly nursing assessment which is required for any potential LNS admission. When asked, the administrator denied being a registered nurse and denied employing a registered nurse.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on record review and staff interview, the facility failed to maintain a form for recording all residents receiving limited nursing services (LNS) and the type of service provided. The facility also failed to maintain a nursing assessment form for the completion of a monthly nursing assessment which is required for all potential limited nursing services admissions.

The findings include:

A review of the facility binder containing all of the facility forms related to the provision of limited nursing services on revealed that the form the facility was using as its monthly nursing assessment form was not a nursing assessment (photo obtained). Additionally, the LNS Log form was designed as though the LNS nurse would use the form to sign in when she arrived at the facility to provide services for the LNS residents.

An interview with the administrator on at approximately 9:30 AM revealed that she was unaware that her current forms did not meet requirements.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Classy Living
5714 Plum Hollow Drive, West
Jacksonville, FL 32222

Dear Administrator:

This letter reports the findings of a state biennial licensure; Limited Nursing Services and Limited Mental Health survey that was conducted on , 2014 by 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 , **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. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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