RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
J & S Assisted Living
1343 Johns Street
Jennings, FL 32053

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 , **2015** 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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N.W. Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	**11/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
J & S Assisted Living	**1343 Johns St Jennings, FL 32053**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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 Limited Nursing Services monitoring survey was conducted on [redacted] at J & S Assisted Living Facility in Jennings, FL. Deficient practice was identified at the time of the survey.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed ensure 2 of 4 staff members reviewed received training for assisting residents with the self-administration of medication by qualified personnel (Staff A and Staff B).

Findings:

A review of training certificates revealed [redacted] Staff A and Staff B received training for Assistance with the Self-administration of Medication by Bright Way Medical Services. Further review revealed the instructor of this course was taught by a Licensed Practical Nurse (LPN) and by a not a registered nurse or a pharmacist (photographic evidence obtained).

On [redacted] at approximately 10:10 a.m. an interview was conducted with the Administrator. She stated she believed in 2013, it was okay to have an LPN provide the training.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observation, interview and record review, the facility failed to employ sufficient and qualified staff to meet the needs of 1 of 11 residents in the facility.
Findings:

On [redacted] at 11: 00 a.m. Resident #2 was observed with a large [redacted] wounds on his left arm and elbow, covered only with and [redacted] wrap. Photographic evidence available.

On [redacted] at 11:20 a.m. the administrator was interviewed. She stated she is the person who has been providing [redacted] care, she is not a licensed nurse. Per administrators statement, she has been the one to ensure the residents [redacted] is cleaned daily and wrapped daily. The Administrator further

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stated she did not know she needed a nurse to provide the [redacted] care service.

A review of physician's orders for Resident #2 revealed orders for the [redacted] to be kept clean, dry and wrapped.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview, facility failed to conduct monthly nursing assessments or maintain progress notes on 1 out of 4 residents reviewed (Resident #2).

A review of Resident #2's record revealed Resident #2 did not receive a monthly nursing assessment on his [redacted] located on his left arm nor did the facility have any progress notes in the residents chart. Record shows [redacted] care instructions by physician to clean and wrap left arm daily.

[redacted] at 9:30 AM Resident #2 interview, resident stated he has had no nursing care in the facility and stated the administrator,not a nurse, assists with cleaning the [redacted] and wrapping it.

On [redacted] 11:20 AM, the Administrator was interviewed. She stated she was cleaning resident #2's [redacted] daily and wrapping it. When asked why the resident did not receive home health, she stated his insurance would not pay for it, further stating she did not know his [redacted] should be under Limited Nursing Services (LNS).

Class III