RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 2015 by a representative 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 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 (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	**05/15/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Biennial licensure survey with Limited Nursing Service and Limited Mental Health was conducted on 2015 and , 2015. J&S Assisted Living Facility had deficiencies found at the time of the visits.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and personnel file review, the facility confirmed that there was no documented examination on 1 of 4 sampled employees as required on an annual basis (Staff D).

Findings:

Review of Staff D personnel file did not revealed Staff D was hired on . Further review revealed there was no evidence of a negative examination documented on an annual basis in Staff D's record.

Interview with the Administrator on at 2:10 PM confirmed there was no test on personnel file. Administrator stated that she thought it has been done and that Staff D will not be scheduled to work until completion of the exam.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and personnel file review, the facility failed to arrange completion of the required in-service training to facility staff who provide direct care to the residents (Staff A, B, C and D).

Findings:

A review of personnel records revealed Staff A (date of hire , Staff B (date of hire and Staff C (date of hire did not complete a 1 hour training on Resident Rights.

A Review of employee files revealed Staff D was hired on . There is no evidence in Staff D's personnel file that Staff D to show Staff D completed training for Activities of Daily Living and Behavioral training, Emergency Preparedness and Evacuation, Residents' Rights, Recognizing/Reporting Neglect and training and Nutritional and Safe Food Handling.

An interview conducted with the Administrator on at 3:00 PM stated these training will be done on-line. The Administrator stated that Staff D will not be scheduled to work until the completion of the required training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	05/15/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 1

Class III

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

Based on interview and personnel file review, the facility failed to ensure 1 of 4 unlicensed staff who provide assistance with self-administered medications completed the minimum 2 hours of continuing education training on providing assistance with self-administered medications (Staff D).

Findings:

A review of Staff D personnel file revealed Staff D 2 hours Medication Training Update that is required annually.

Interview with the Administrator on at 2:00 PM stated that Staff D assists with self - administration of medications in the facility. Interview with the Administrator on at 3:00 PM stated this training will be done on- line. Administrator stated that Staff D will not be scheduled to work until completion of this required training.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interview and record review, the facility failed to obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility in 4 of 4 employees. Staff A, B, C and D. .

Findings:

An interview with the Administrator on at 2:00 PM stated that Staff A, Staff B, Staff C and Staff D all are responsible for food preparation and food service in the facility. An interview with the Administrator on at 3:00 PM she stated that this training will be conducted.

A Review of Staff A, Staff B, Staff C and Staff D personnel files did not reveal the 2 hours annual food service training requirement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	05/15/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0093 Continued From page 2

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to store sufficient 3 days water supply for drinking and food preparation for 12 of 12 residents in the facility. The facility also failed to keep food substitution on file in the facility for 6 months.

Findings:

An interview was conducted with the Caregiver /Owner on at 4:30 PM. When asked to see the a record of menu substitutions, stated the facility does not maintain and record meal substitutions. He was unable to produce any food substitution record / log maintained for 6 months. He stated, "We don't do that".

Tour of the dry storage pantry located adjacent to the kitchen with the caregiver/owner on at 5:10 PM revealed 5 gallons of water and one (1) bubbler located in the common area of the facility.
Interview with the Caregiver/ Owner on at 5:22 PM confirmed that he does not have sufficient 3 days ' supply of water for the 12 residents residing in the facility. He stated he will purchase more water today. He said he does not have a written contract with any water supply company.

Class III

L241 - LMH - Records - 58A-5.029(2) FAC

Based on interview and record review, the facility failed to document the refusal of 1 of 2 sampled Limited Mental Health residents to sign a community living support plan, a copy of the refusal must be placed in the resident' s file and add a statement that the resident was asked but refused to sign the plan (Resident # 1).

Findings:

Resident # 1 was admitted to the facility on and under Limited Mental Health Services.
Interview with the Administrator on at 1:30 PM stated that the facility went through 8 Case Workers but the Resident refused any of them. There was no documentation on file about the residents refusal. Administrator confirmed that she did not write or document any of that and will complete one.
Interview with the Resident on at 1:41 PM confirmed that the case workers did come to talk to him but he did not feel like talking to any of them . He stated from now on when they come that he will speak with them.
Record review revealed a community living support plan in place that did not reflect residents refusal of the support plan.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

L243 Continued From page 3

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review, the facility failed to complete biennially a minimum of 3 hours of continuing education on Limited Mental Health (LMH) in 4 of 4 employees (Staff A, B, C and D).

Findings:

A review of facility documentation revealed the facility has 11 residents receiving Limited Mental Health (LMH) services. A Review of all employee files, Staff A, B, C and D did not reveal a completion of the 3 hour LMH training that is required every 2 years.

An interview was conducted with the Administrator on at 3:00 PM. The administrator stated that this training will be completed. She stated that she have provided the website to her staff.

Class III