RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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,

Kristen J. Mennella
Field Office Manager

KJM/jjh
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 600
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	R
NAME OF PROVIDER OR SUPPLIER **J & S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1343 JOHNS ST** **JENNINGS, FL 32053**	

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

0000 Initial Comments

An unannounced revisit to a biennial with Limited Nursing Services was conducted at J &S Assisted Living on / . Deficient practice was identified at the time of the survey.

L243 LMH - Training

Based on record review and interview the facility failed to complete a minimum of 3 hours of continuing Limited Mental Health (LMH) continuing education biennially for 2 of the 6 employees reviewed. The Administrator and Staff (B).

Findings:

A review of Administrator's record revealed her last LMH training was completed on , 2009. Further review revealed there was no record of LMH training completed after 2009 on file for the Administrator.

A review of Staff B's record revealed Satff B's last LMH training was completed on , 2009. Further review revealed that there was no record of LMH training after 2009 on file for Staff B.

An interview on / at 11:07 AM was conducted with the Administrator she stated each person on the list (including Staff B and herself) attended the LMH class on but the certificates of completion have not arrived at the facility via mail yet.
A telephone interview on at 2:54 PM was conducted with LMH trainer in Jacksonville. She stated that the Administrator and Staff B did not complete the training for LMH as scheduled on . She further stated the Administrator and Staff B rescheduled the required LMH Training to / .

Class III