STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966659	01/20/2016
NAME OF PROVIDER OR SUPPLIER **JAMAICA SHORES**	STREET ADDRESS, CITY, STATE, ZIP CODE **171 SW EULER AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An unannounced biennial abbreviated relicensure survey was conducted on 01/20/2016 at Jamaica Shores. An unannounced LNS (Limited Nursing Service) monitoring visit was conducted on at Jamaica Shores. The facility had deficiencies at the time of the biennieal abbreviated relicensure visit.

0078 Staffing Standards - Staff

Based on interview and record review it was determined the facility failed to ensure that each staff member had evidence of a negative examination on an annual basis for 2 of 4 sampled staff records reviewed (Staff B and Staff D).

The Findings included:

1) During interview and staff record review conducted with the Administrator, on / beginning at approximately 9:25 AM, Staff B's (direct care staff with a date of hire noted as / /) record was reviewed. The Administrator confirmed, at this time, that Staff B's last annual negative examination was dated . The Administrator acknowledged there was no documentation in 2015 related to a negative examination for Staff B that was in her file.

2) During interview with Resident #1, conducted on / beginning at approximately 9:55 AM, she reported that Staff D is a "good chef" and cooks for the residents of this facility sometimes.

During interview and staff record review conducted with the Administrator, on / beginning at approximately 10:25 AM, she acknowledged that there was no communicable statement or negative examination on file for Staff D (maintenance worker). She stated he has been doing the maintenance on the interior and exterior of the home; cutting the grass; and occasionally preparing meals for residents for some time now. She stated she did not consider him an employee so that is why she did not ensure the required documentation was on file for him.

Class III

0081 Training - Staff In-Service

Based on interview and record review it was determined the facility failed to ensure that staff who prepare of serve food, who have not taken the assisted living facility core training must receive a minimum of 1 hour inservice training within 30 days of employment in safe food handling practices for 1

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of 4 sampled staff (Staff D).

The Findings included:

During interview with Resident #1, conducted on 01/20/2016 beginning at approximately 9:55 AM, she reported that Staff D is a "good chef" and cooks for the residents of this facility sometimes.

During interview and staff record review conducted with the Administrator, on / beginning at approximately 10:25 AM, she acknowledged that there was no inservice training related to safe food handling practices on file for Staff D (maintenance worker). She stated he has been doing the maintenance on the interior and exterior of the home; cutting the grass; and occasionally preparing meals for residents for some time now. She stated she did not consider him an employee so that is why she did not ensure the required documentation was on file for him.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review it was determined the facility failed to provide the correct portion of protein, per the menu developed by their dietitican for 5 of 5 sampled residents (Residents #1 - #5).

The Findings included:

The menu, developed and signed by the dietitian effective , indicated the residents were to be provided with 2 slices of bacon for breakfast on

During observation of the breakfast meal, conducted on / beginning at approximately 8:00 AM, the Administrator cooked 5 pieces of bacon. There were 5 residents that ate breakfast during this meal service and each was provided with 1 slice of bacon. Each one of the residents readily consumed all of their bacon.

During interview with the Administrator, conducted on beginning at approximately 9:40 AM, she was asked why each resident was only provided with 1 slice of bacon when the menu indicated 2 slices were to be served. She replied that 1 piece is all they will eat and that is why she only provides 1 piece of bacon. She was asked if this was ever brought to the attention of the dietitian so she can adjust the portions of the protein for that day. She replied that it had not been brought to the dietitian's attention.

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Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review it was determined the facility failed to obtain a level 2 background screening for 1 of 4 sampled staff (Staff D)

The Findings included:

During interview with Resident #1, conducted on / beginning at approximately 9:55 AM, she reported that Staff D is a "good chef" and cooks for the residents of this facility sometimes.

During interview and staff record review conducted with the Administrator, on / beginning at approximately 10:25 AM, she acknowledged that there was no level 2 background screening on file for Staff D (maintenance worker). She stated he has been doing the maintenance on the interior and exterior of the home; cutting the grass; and occasionally preparing meals for residents for some time now. She stated she did not consider him an employee so that is why she did not ensure the required documentation was on file for him. The Administrator acknowledged that she did not conduct a level 2 background screening for Staff D.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Jamaica Shores
171 SW Euler Ave
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD/jw

XG90

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